

HLSC 2P00 Library Seminar



Ian Gordon, Teaching & Learning Librarian



Library Seminar Agenda

- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

HLSC 2P00

Writing in Health Sciences

Practical experience in scholarly writing and presentation, focusing on diverse audiences and communication channels.

Lecture, seminar, 3 hours per week.

Restriction: open to CHHS, CHLH, CMTY, MSCI and PHTH majors. Students must have a minimum 4.0 overall credits.

Prerequisite(s): **HLSC 1F90**.

Note: this course may be offered in multiple modes of delivery. The method of delivery will be listed on the academic timetable, in the applicable term.

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Quick anonymous 2-question HLSC 2P00 survey!

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Quick anonymous 2-question HLSC 2P00 survey!

How successful are you as an information searcher?

1. Not really successful, I could do better
2. Somewhat successful, I use a variety of resources
3. Successful, I believe I keep on top of new developments

How successful are you as a writer?

1. Not really successful, I could do better
2. Somewhat successful, I use a variety of resources
3. Successful, I believe I keep on top of new developments

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Top 10 resources you should know about!

1. Zotero
2. Zotero enabled
3. Omni
4. Borrowing from Other Libraries
5. Brock Library HLSC Library Research Guide
6. Google Scholar, Google Books and Advanced Google searching
7. Tackle an AI-enabled database
8. Using MEDLINE via PubMed
9. MEDLINE MeSH Headings and controlled vocabulary
10. How to book a consultation



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8am – 11pm

Archives & Special Collections

9:30am – 4:30pm

Makerspace

10am – 4pm

Map, Data & GIS Library

9am – 4pm

Ask Us Chat

10am – 10pm

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What is this guide for?


This guide has been designed as a general program guide and is curated by [Brock librarians](#). It features links to most often used resources such as databases for books, peer-reviewed journal articles, theses, dissertations, open educational resources (OEDs), patents, standards, and more. Use the tabs on the left to navigate through the web page.

Selective course-related guides are provided when appropriate every term.

HLSC Library Seminar: Literature Reviews: Strategies and Resources to be Successful! (June 2023) ppt [slides](#) (PDF) & [video](#).

[Doing a Literature Review in Health and Social Care: A Practical Guide](#) (2023)


HLSC 2P00 Library Seminar ppt [slides](#) (PDF)



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Grey Literature

Grey literature [databases](#) identify resources that are key to research and scholarship. Many are open resources that go through a quality control process before they are published.

[Definitions](#) are scholarly dictionaries, encyclopedias and handbooks that help define terms and provide additional context.

[Concise Medical Dictionary](#) (2020) [Taber's Cyclopedic Medical Dictionary](#) (2021) [Dictionary of Public Health](#) (2018)

[Encyclopedia of Public Health](#) (2008) [Dictionary Plus: Medicine and Health](#) (2016)

[Encyclopedia of Lifestyle Medicine and Health](#) (2012)

[Wiley Blackwell Encyclopedia of Health, illness, behavior, and Society](#) (2014)

[Oxford Handbook of Public Health Practice](#) (2013)

[Key Themes in Public Health](#) (2014)

Occupational Health and [Safety](#) information is essential to dealing with injuries, accidents, government and regulatory information. There are many different handbooks and review resources, use [Omni](#) to locate individual resources, a selective few are listed below.

[Patents, standards and trademarks](#) are intellectual property resources of potential interest.

[Chemicals](#), small molecule and drug databases.

[Theses and Dissertations](#) are important unpublished resources granted and retained by universities as capstone projects, these, and dissertations.

[Open Education Resources](#) (OERs) are digital ebooks and learning objects that can be used as open textbooks on a wide variety of general and disciplinary subjects.

[Systematic Reviews and Evidence Synthesis](#) research involves specialty [databases](#) and resources.

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Data

Data and Statistics are published by organizations, researchers, private, public, and government agencies.

Contact the [Maps, Data & GIS Help Guides](#) to identify data resources, data sets, information or for [assistance](#) with GIS-related tasks, data management, data visualization and curation.

Note that several academic libraries have created extensive lists of data and statistics resources including the University of Toronto [Gerstein Centre](#) and [McGill Library](#).

A select list of health-related international, national and regional data sources includes the following:

- [Borealis \(Canadian Dataverse Repository\)](#)
- [Brock University Digital Repository](#)
- [Canadian Institute for Health Information \(CIHI\)](#)
- [Computing in the Humanities and Social Sciences \(CHASS\)](#)
- [figshare](#)
- [Global Health Repository \(WHO\)](#)
- [Health Infobase \(Canadian\)](#)
- [Health Statistics for Niagara \(Region of Niagara\)](#)
- [HealthStats \(World Bank\)](#)
- [Inter-university Consortium for Political and Social Research \(ICPSR\)](#)
- [odesi \(Canadian\)](#)
- [Organization for Economic Co-operation and Development \(OECD\)](#)
- [Public Health Ontario](#)
- [Statistics Canada](#)
To find Census data, health and key indicators, and subject-specific reports.
- [UN Data Explorer](#)

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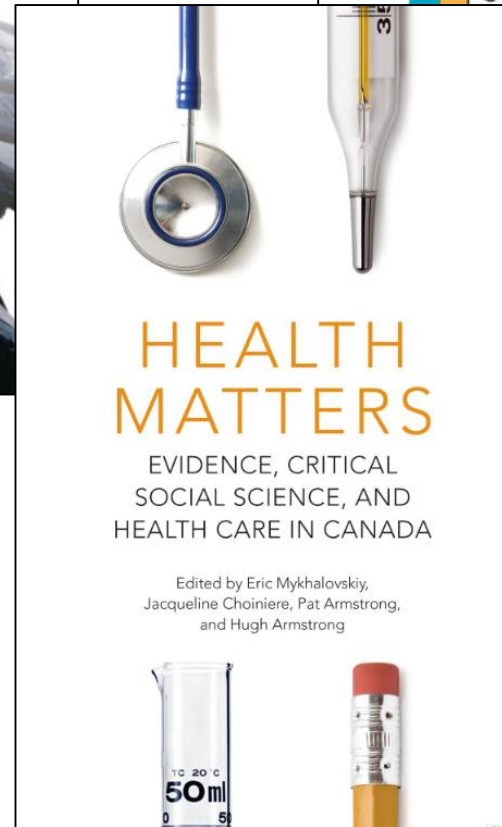
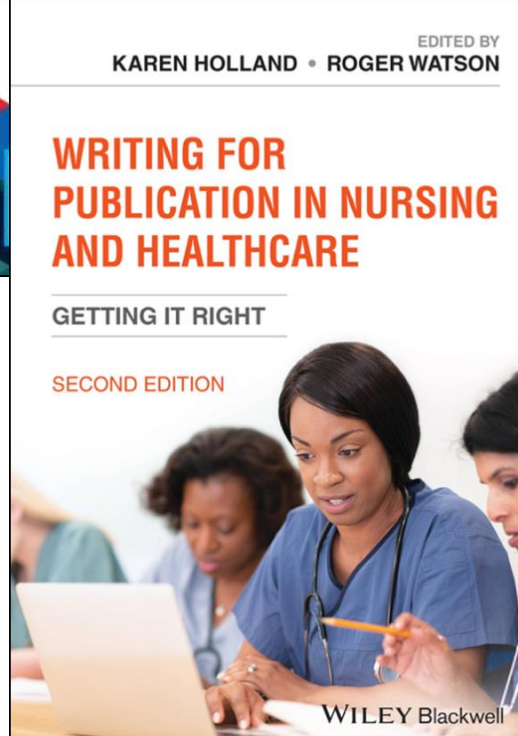
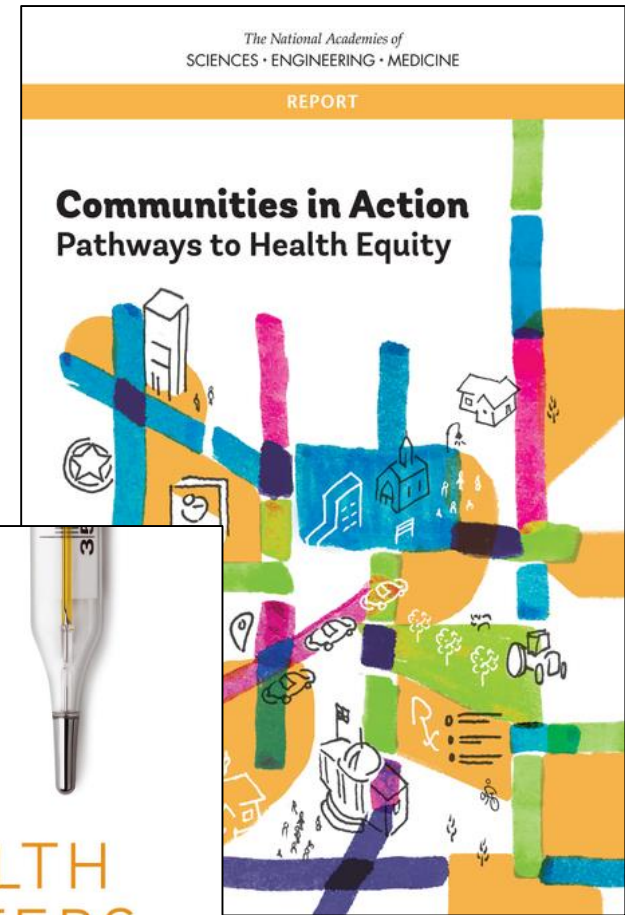
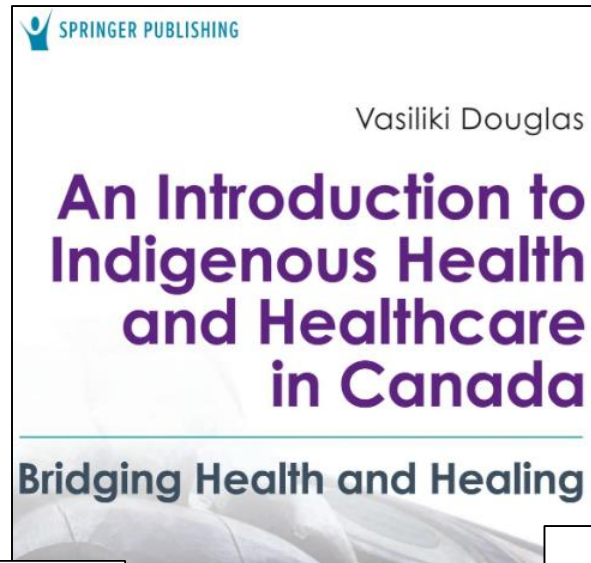
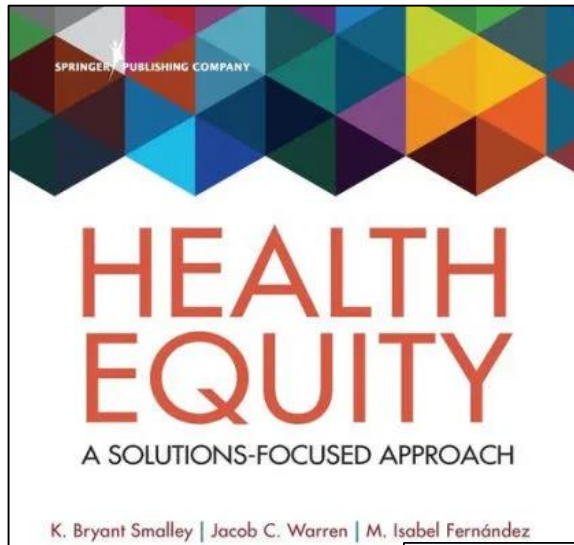
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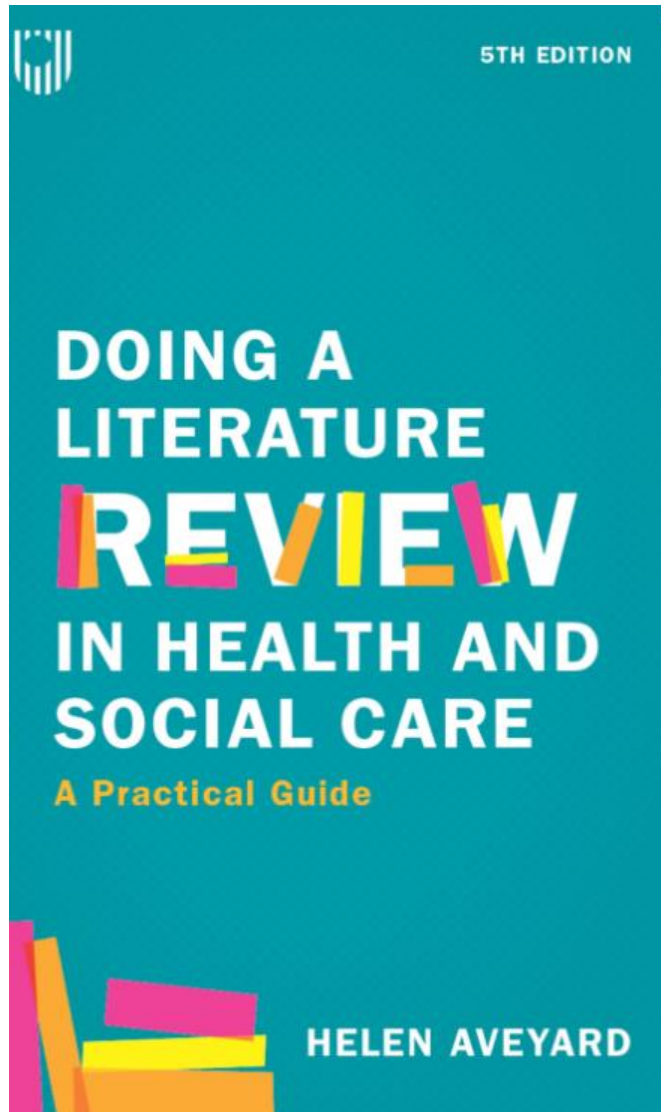
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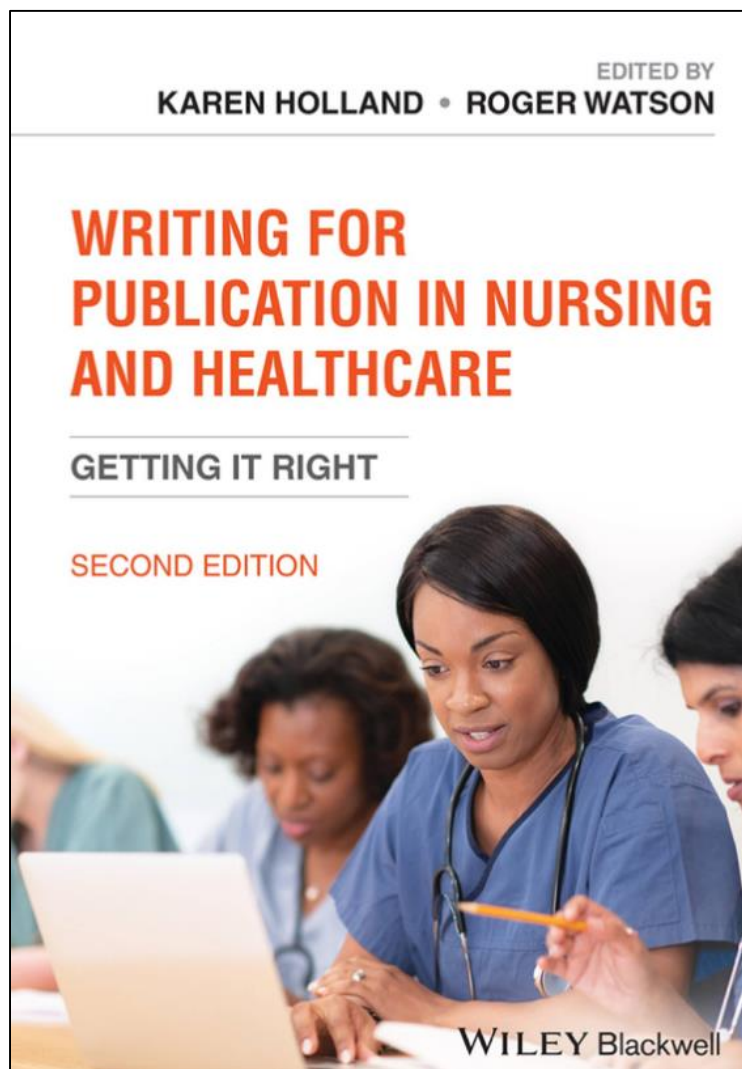
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Aveyard, H. (2023). *Doing a literature review in health and social care: A practical guide* (5th ed.). Open University Press/McGraw Hill.



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Holland, K., & Watson, R. (Eds.). (2021). *Writing for publication in nursing and healthcare: Getting it right* (2nd Ed.). Wiley.

Lorelei Lingard
Christopher Watling

Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers

See One, Do One, Teach One

1. If your literature review feels without stance, ask someone else to read it and flag when they see you using one of the three primary stances in Fig. 4.1.
2. Circle all the reporting verbs in your literature. What are your default verbs? Using Tables 4.1, 4.2 and 4.3 as a resource, revise your verbs to express your own position on the knowledge and to represent relations among scholars in the field.
3. Identify a key source you plan to cite in your literature review, and practice taking a stance. Experiment with expressing agreement and affiliation or disagreement and distance. Notice how stance shifts as you modify your verb choices.

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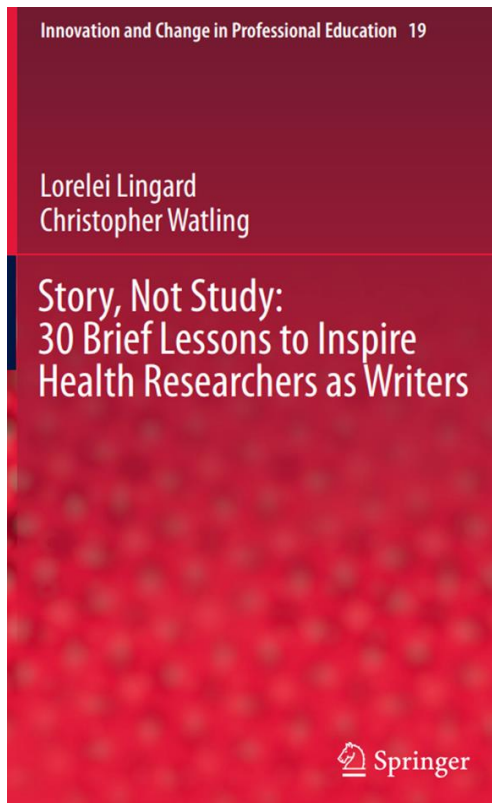
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Lingard, L., & Watling, C. (2021). Get control of your commas In L. Lingard & C. Watling (Eds.). *Story, not study: 30 brief lessons to inspire health researchers as writers* (pp. 95-99). Springer.

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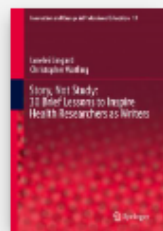
What is a literature review?

Let's begin by defining what a literature review is. In short, a literature review is the comprehensive study and interpretation of literature that relates to a particular question. When you undertake a literature review, you identify a **research question** and then seek to answer this question by searching for, appraising and analysing relevant literature using a systematic approach. This is the case whether your literature review is a pre-requirement to a larger project or is a study in its own right. A thorough search and **analysis** of the literature lead you to new insights that are only possible when all the literature is reviewed together and each piece of relevant information is seen in the context of other information. If you think of one piece of literature as one part of a jigsaw, you will see how a review of the literature is like completing the jigsaw. This is why a literature review is so useful.

Are there different ways of doing a literature review?

As the usefulness and importance of the literature review have become increasingly recognized, so has the number of different approaches to undertaking such a review. A recent review of methods used to undertake a literature review in recent journal publications identified more than 35 different named approaches (Aveyard and Bradbury-Jones 2019), including systematic review, rapid review, critical review, **narrative review**, structured review, scoping studies review and umbrella review, to name but a few.

Don't be put off by the different names. It can be confusing to try to work out the differences between the different terms for literature reviews that you come across. Then, to make matters worse, sometimes terms can be used interchangeably. A simplified approach is to consider what we mean by a literature review and then to look at the reviews you come across and consider whether they have been done to a high standard. Very detailed literature reviews are referred to as **systematic reviews**. These are described later in this chapter and refer to a very high-quality literature review, generally undertaken by a team of researchers who aim to identify *all* the available evidence on a topic, undertake a thorough appraisal of the quality of the evidence and often include a reanalysis of results of the studies – sometimes referred to as a **meta-analysis** or **meta-synthesis**. This very detailed approach is



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Lingard, Lorelei, author; Watling, Christopher, author

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BOOK

Story, not study : 30 brief lessons to inspire health researchers as writers

Lingard, Lorelei, author; Watling, Christopher, author

2021

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[Lingard, Lorelei, author >](#)[Watling, Christopher, author >](#)

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[Medical writing >](#)[Academic writing >](#)[Medicine -- Research >](#)[Medical Writing >](#)

Many researchers dread writing. They find it laborious - even painful - to put their scholarly work into words. They get bogged down in the study, and lose track of the story. And they produce uninspiring papers that fail to resonate with readers or reviewers. This book offers an antidote to this problem: brief, accessible lessons that guide researchers to write clear and compelling scientific manuscripts. The book is divided into three sections: Story, Craft, and Community. The Story section offers advice on getting the balance of study and story just right, introducing strategies for tackling each section of a scientific manuscript. The Craft section considers the grammatical and rhetorical tools of the trade, showing how they can be wielded for maximum impact. And the Community section offers suggestions for writing collaboratively, supporting other writers, and navigating peer review. Each section features multiple short and pragmatic lessons, peppered with illustrative examples. Readers can use the chapters collectively to build holistic writing skills, or dip in and out to refine specific elements of the craft. Rooted in a coaching philosophy, we aim to unlock our readers' potential as writers through instruction, reflection, and example. And we hope to inspire researchers to face writing with joy. This work is clearly written and easily understandable. Its many practical examples, tools, and exercises make an effective toolbox of support for scholarly writers. This will be invaluable to new scholars and help established scholars as well. The inclusion of examples specific to the health arena and the clear, elegantly simple explanations add strength and relevance to this work. Toni Ungaretti, Johns Hopkins School of Education, Baltimore, MD, USA This book is the most original perspective I have ever read about the craft of writing. As its title suggests, it is inspiring. Brownie Anderson, NBME, Philadelphia, PA, USA.

1. Introduction -- SECTION I: THE STORY -- 3. Mapping the Gap- 4. Citation Technique -- 5. Methods: Where Story Meets Study -- 6. Effective Use of Quotes in Qualitative Research -- 7. Writing a Discussion that Realizes its Potential -- 8. The Art of Limitations -- 9. Bonfire Red Titles -- 10. Making Every Word Count: Keys to a Strong Research Abstract -- SECTION II: THE CRAFT -- 11. Mastering the Sentence -- 12. Enlisting the Power of the Verb -- 13. The Power of Parallel Structure -- 14. Get Control of Your Commas -- 15. Avoiding Prepositional Pile-Up -- 16. Avoiding Clutter: Using Adjectives and Adverbs Wisely -- 17. From Semi-Conscious to Strategic Paragraphing -- 18. Coherence: Keeping the Reader on Track -- 19. The Three 'S's of Editing: Story, Structure, and Style -- 20. Pace, Pause & Silence: Creating Emphasis & Suspense in Your Writing -- 21. The Academic Hedge, Part I: Modal Tuning in Your Research Writing -- 22. The Academic Hedge II: Getting Politeness Right in Your Research Writing -- 23. From Silent to Audible Voice: Adjusting Register, Stance & Engagement in Your Writing -- SECTION III: THE COMMUNITY -- 24. Collaborative Writing: Strategies and Activities -- 25. Collaborative Writing: Roles, Authorship & Ethics -- 26. Giving Feedback on Others' Writing -- 27. Coaching Writing I: Being Thoughtful About the Process -- 28. Coaching Writing II: Relationship and Identity -- 29. Cultivating a Writing Community -- 30. Navigating the Peer Review Process Successfully -- Epilogue.

Online resource; title from PDF title page (SpringerLink, viewed May 7, 2021).

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Lorelei Lingard
Christopher Watling

Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers

Ctrl F

comma

1/82



6.2 Argument

Even an illustrative, representative quote does not stand on its own: we must incorporate it into our texts, both grammatically and rhetorically. Grammatical incorporation is relatively straightforward, with one main rule to keep in mind: quoted material is subject to the same sentence-level conventions for grammar and punctuation as non-quoted material. Read this example aloud:

Burnout was experienced by healthcare leaders as well as frontline clinicians; “we all feel at the end of our ropes with the demands of our jobs, to the point where I almost don’t care anymore some days”. (P7)

Your ear likely hears that this should be two sentences. But quotation marks seem to distract us from this, and we create a run-on sentence by putting a **comma** between the sentences. An easy correction is to replace the **comma** with a colon.

Burnout was experienced by healthcare leaders as well as frontline clinicians: “we all feel at the end of our ropes with the demands of our jobs, to the point where I almost don’t care anymore some days”. (P7)

Chapter 14 Get Control of Your Commas



*Please start cutting, Dr. Franklin.
Please start cutting Dr. Franklin.*

Comma placement can radically alter the meaning of a sentence. But many of us struggle to know where exactly to put them. How do you decide? Do you treat commas like salt, sprinkling them over your writing according to your personal taste? Have you a vague sense that, like too much salt, too many commas are bad for you? Or are you an adherent of the ‘breathing’ rule, inserting commas wherever a reader might need an O₂ break? Have you ever wondered why those editing your work have removed one comma but not another?

The purpose of a comma is to separate clauses within a sentence, phrases within a clause or words within a phrase, in order to succinctly and unambiguously express meaning. Seems straightforward, right? Wrong. The comma is arguably the most misunderstood of punctuation tools. Ask someone about comma rules and even those who begin with confidence are likely to trail off apologetically. This is because, although purists feel quite strongly about comma rules and bemoan their misuse in popular punctuation books (Truss 2003), comma use is not fully explained by rules. It depends in part on taste.

As David Crystal (2015) insists in his history of punctuation, variation in comma use is neither infinite nor totally idiosyncratic. It turns out that there are two broad schools of punctuation, and understanding them can help us to unravel the complexities of comma use. In the elocutional school, with its origins in antiquity, commas indicate intonation and pauses in oral speech. In the grammatical school, which arose with the advent of the printing press, commas express grammatical relations among parts of the sentence. What’s tricky is that both approaches are still alive and well, so that most of us have been trained, explicitly or implicitly, to use a bit of both in our writing.

The original version of this chapter was revised: Epigraph was corrected. The correction to this chapter is available at https://doi.org/10.1007/978-3-030-71363-8_31

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L. Lingard, C. Watling, *Story, Not Study: 30 Brief Lessons to Inspire Health Researchers as Writers*, Innovation and Change in Professional Education 19,
https://doi.org/10.1007/978-3-030-71363-8_14

95

I love the rhetorical comment/question in this book “Do you treat commas like salt, sprinkling them over your writing according to your personal taste” (Lingard & Watling, 2021, 95).

Lingard, L., & Watling, C. (2021). Get control of your commas
In L. Lingard & C. Watling (Eds.). *Story, not study: 30 brief lessons to inspire health researchers as writers* (pp. 95-99). Springer.



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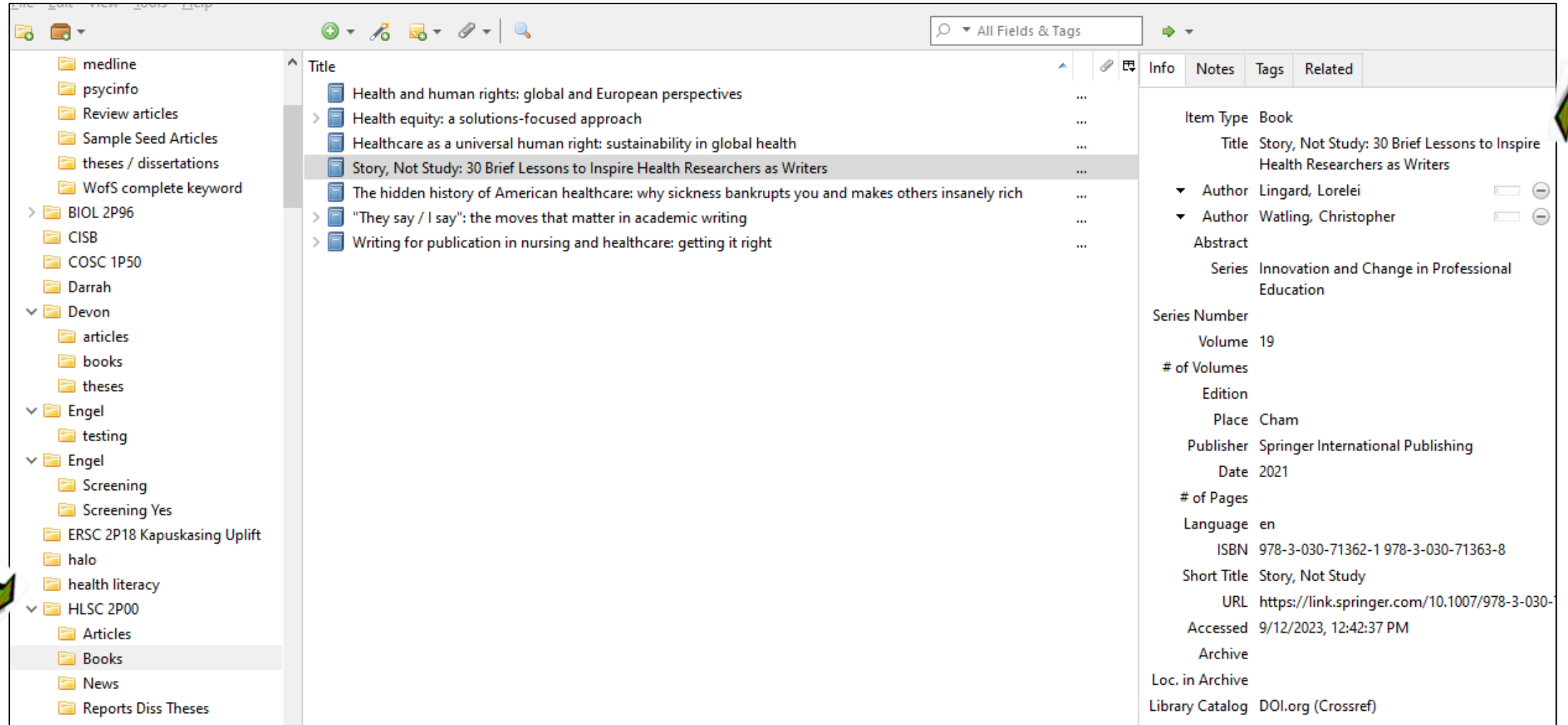
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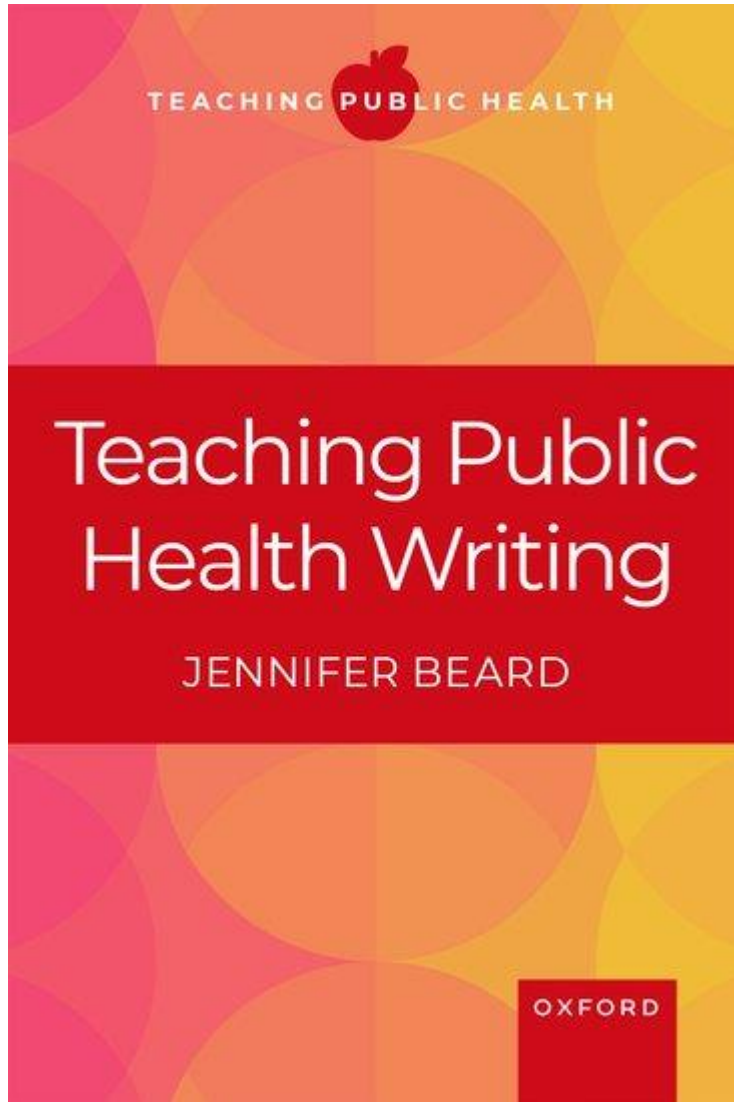
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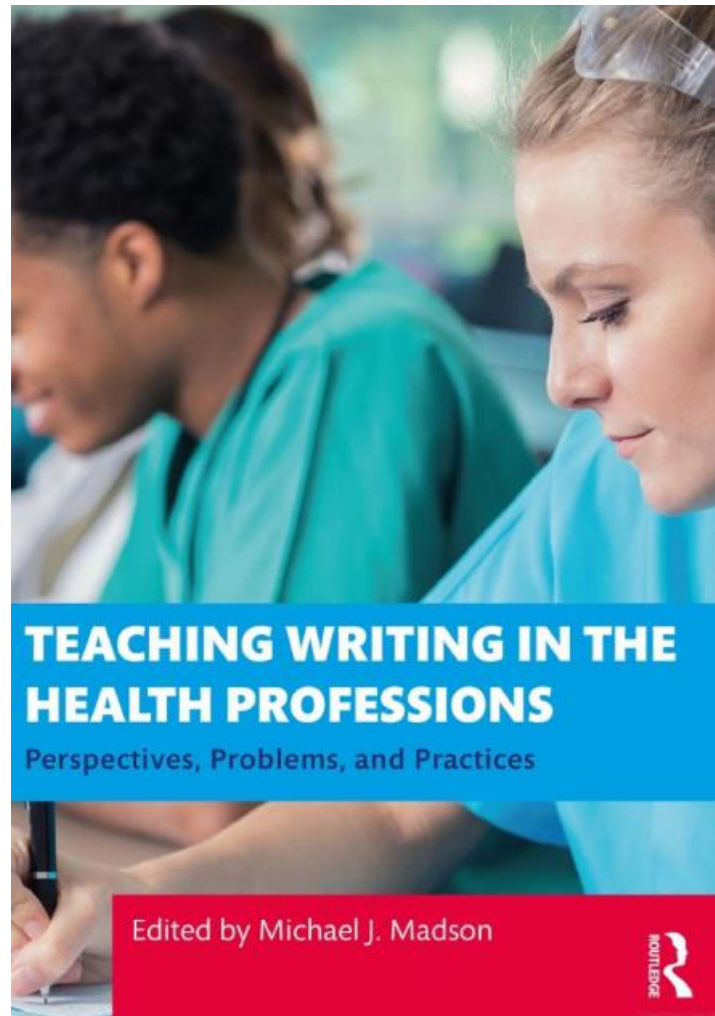
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Author	Watling, Christopher		
Abstract			
Series	Innovation and Change in Professional Education		
Series Number			
Volume	19		
# of Volumes			
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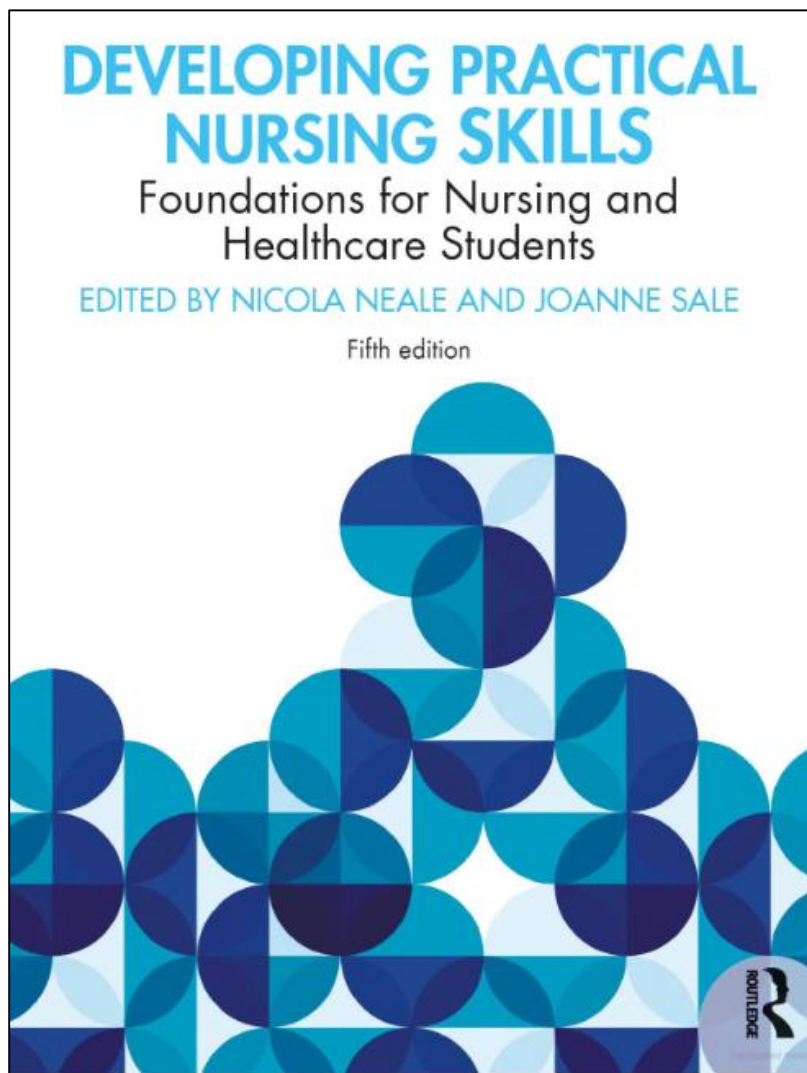
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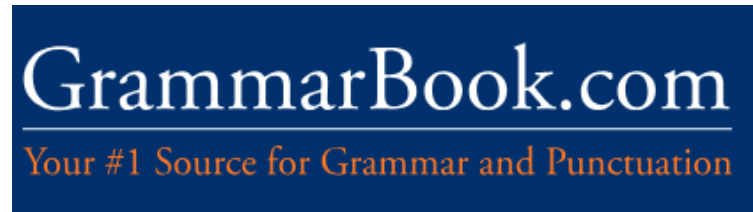
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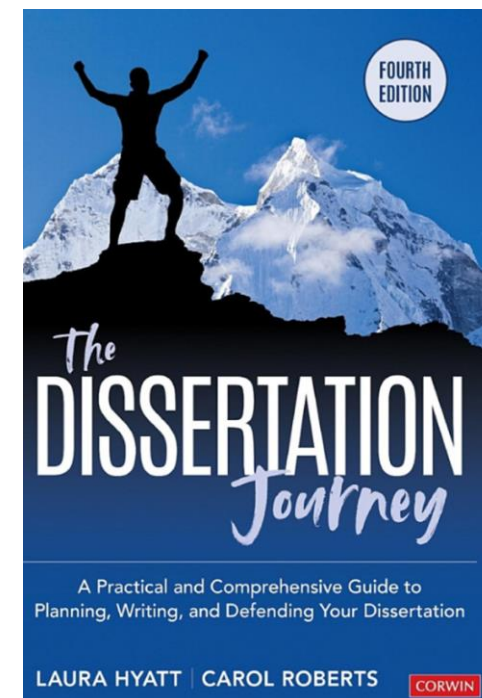
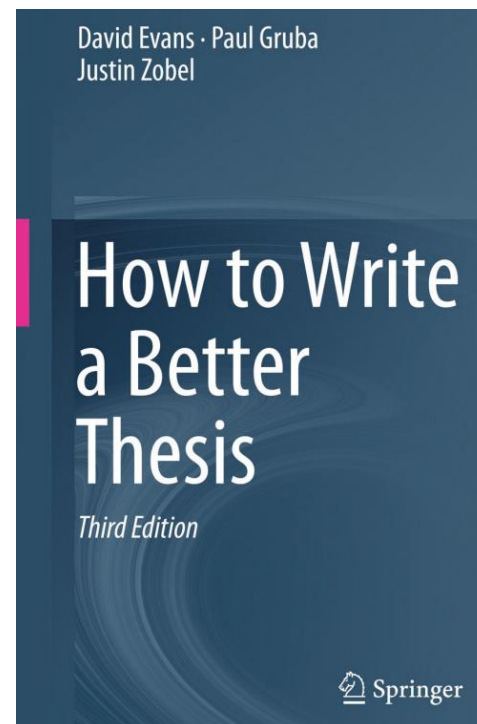
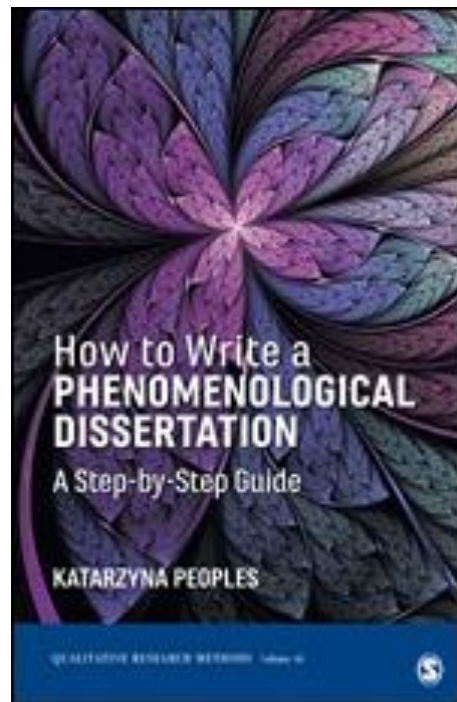
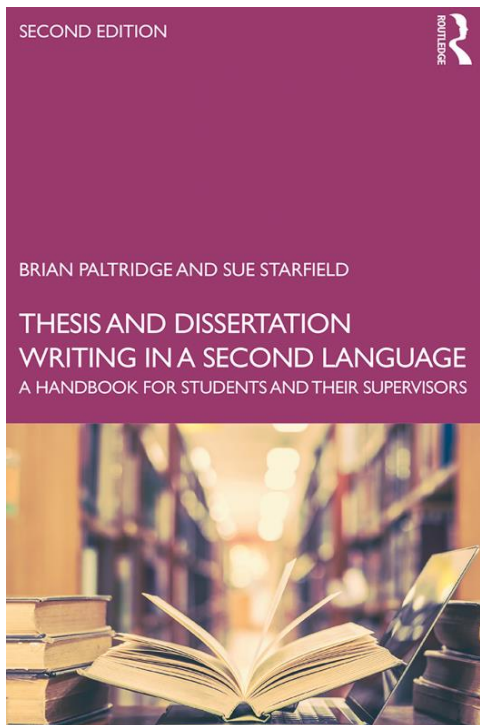
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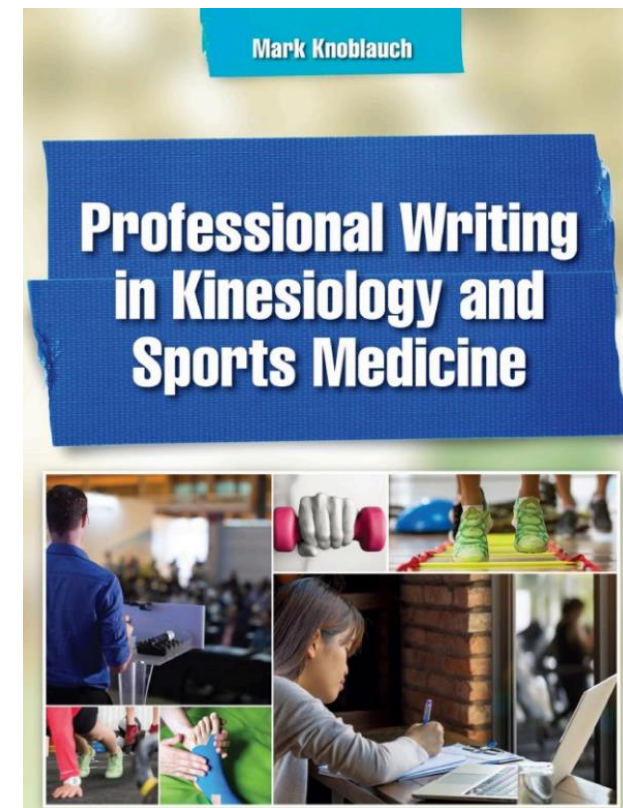
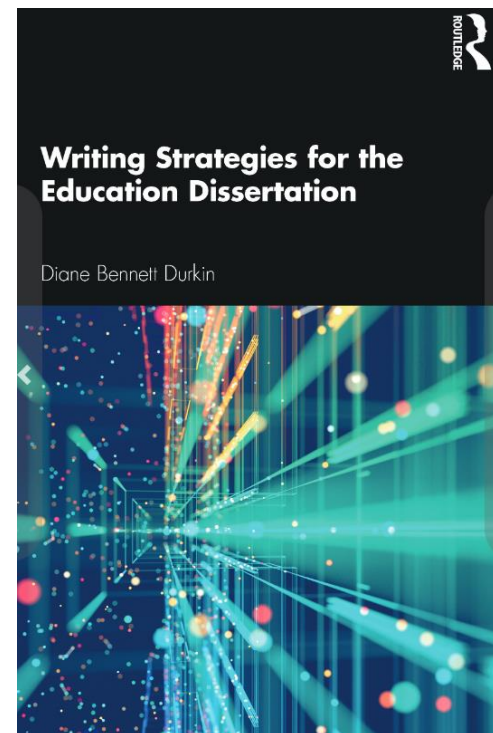
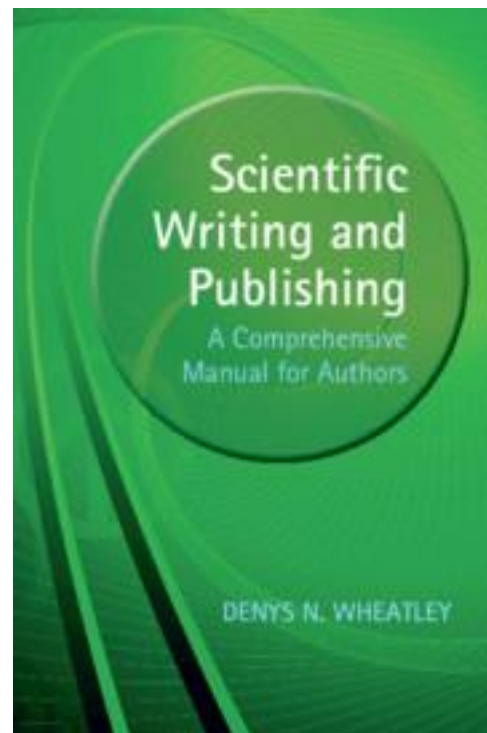
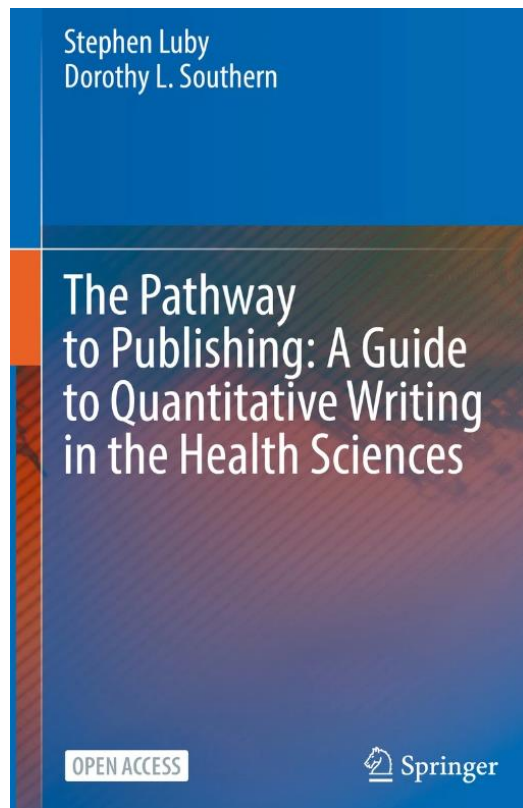
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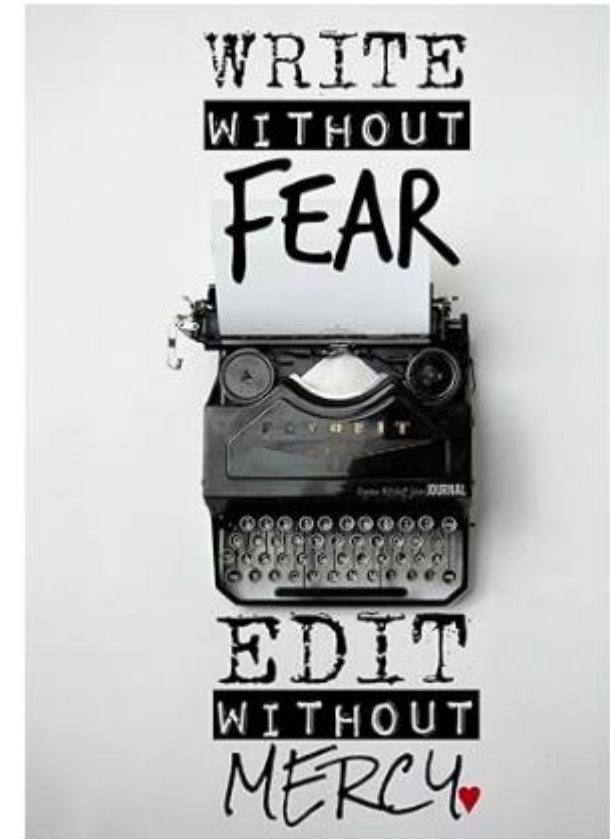
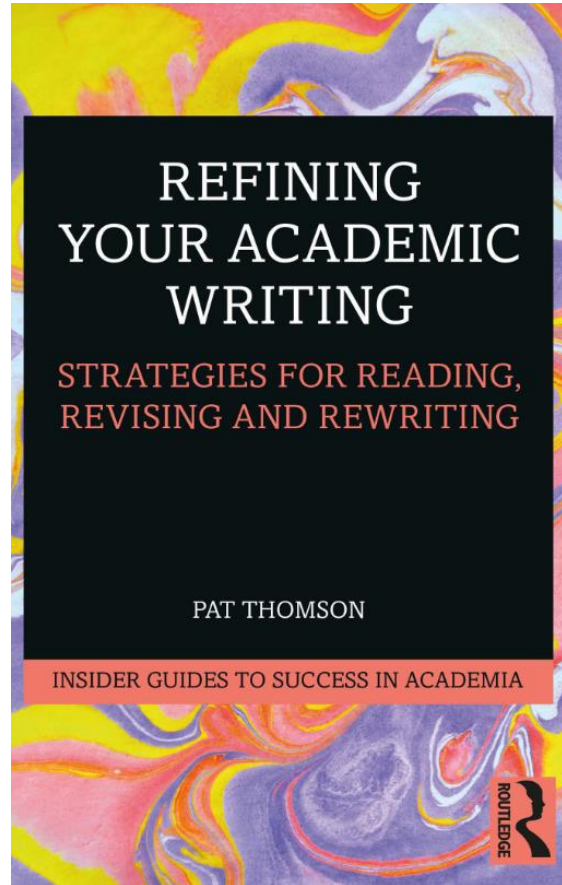
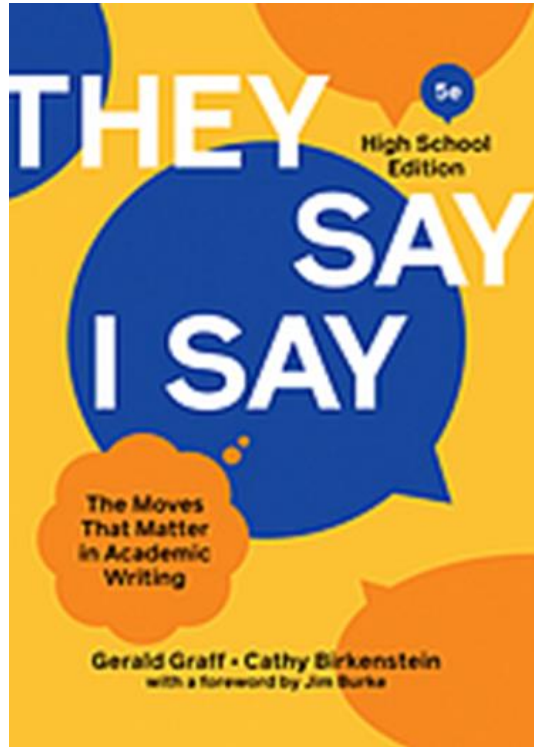


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How does risky play contribute to children's confidence and self-assessment

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Answer

Risky play contributes significantly to children's confidence and self-assessment abilities in several key ways:

Building Self-Confidence

When children engage in risky play, they push themselves out of their comfort zones and overcome challenges. This process helps build self-confidence in the following ways:

- Each time children successfully navigate a risky situation, they gain confidence in their abilities ¹.
- Overcoming fears and hesitations during risky play boosts children's belief in themselves ².
- Mastering new skills through risky activities enhances their sense of competence.

As children accumulate these positive experiences, they develop the confidence to say "I can do this!" and are more likely to try new things in the future ².

Developing Self-Assessment Skills

Risky play provides valuable opportunities for children to assess their own capabilities and limits:

- Through risky play, children learn to evaluate potential risks and make decisions about what they feel comfortable doing ¹.
- They gain awareness of their physical abilities and limitations as they test themselves in various situations.

5 sources

How does risky play contribute to children's confidence and self-assessment

- ☐ 1. [PDF] Risky Play
bu
Risky Play Why is Risky Play important? Risky play helps children develop resilience, executive functioning skills, self-confidence, and risk-assessment abilities. Each time they engage in risky play they are engaging in their own science experiment: pushing themselves out of their comfort zone without knowing what the exact outcome will be. Risky play allows children to learn their own limits and find out what they feel comfortable with. This awareness helps reduce the risk of injury as...
- ☐ 2. Why Risky Play is Important to Your Child's Development
bridgewaycentre
"Children are competent, capable of complex thinking, curious, and rich in potential."— Ontario Ministry of Education, How Does Learning Happen? It can be difficult for a lot of us to allow risky play to happen. The instinct of most parents is to eliminate risk in order to protect our children. But risk doesn't have to equal danger. In fact, there are many benefits of risky play! Risky play—that is, play that incorporates safe risks relative to a child's age, size, motor skills, and comfort...
- ☐ 3. Why Risky Play is Important for Your Child's Development
excelledschools
Risky play is a type of play that involves intentionally seeking out or engaging in activities that involve risk or danger. While it may seem counterintuitive, engaging in risky play can actually be beneficial for children's development, as it allows them to explore and test their limits in a controlled and safe environment. 1. Cognitive Development Risky play helps children develop essential cognitive skills, including problem-solving, decision-making, and risk assessment. By engaging in...
- ☐ 4. Risky Play and Children's Well-Being, Involvement and Physical ...
link.springer
- ☐ 5. Risky play for children: Why we should let kids go outside and then get out ...
cbc
When you think back to your favourite childhood play experiences, chances are they took place outdoors, unsupervised and while hanging out with friends. But today's kids spend far less time playing than their parents did. Mariana Brussoni, a professor at the University of British Columbia and BC Children's Hospital — featured in "The Nature of Things" documentary * — has spent years researching the benefits of play that have an element of risk. Risky play for children, she explains, is...

Risky Play and Child Confidence

Q How does "risky play" contribute to children's confidence and self-assessment?

Summary of top 4 papers

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Research suggests that risky play contributes significantly to children's confidence and self-assessment abilities. Engaging in thrilling and challenging forms of play allows children to develop problem-solving skills, increase physical activity, and promote social competencies and resilience (Gray, 2020). Even toddlers as young as 17-25 months can assess and manage risks in challenging environments, developing their own risk management skills (Tangen et al., 2022). Encouraging children with a sense of self-confidence and mastery, fulfilling their innate needs for competence, and relatedness (van Rooijen et al., 2023). Furthermore, the biological basis of risk-taking appears to have evolved to help young individuals develop the courage, confidence, and self-assessment abilities needed to face life's challenges (Gray, 2020). However, recent trends of restricting children's freedom to engage in self-directed, risky play have led to negative consequences for their physical and mental health (Gray, 2020).

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Paper

"It Is Scary, but Then I Just Do It Anyway": Children's Experiences and Concerns about Risk and Challenge during Loose Parts Play

Martin van Rooijen +4

International Journal of Environmental Research and Public Health

2023 · 0 citations PDF DOI

Children's use of environmental features affording risky play in early childhood education and care

Patricia Obee +2

Early Child Development and Care

2020 · 20 citations DOI

Research topic

I want to find empirical studies and theoretical papers that examine how risky play contributes to children's confidence and self-assessment.

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Introduction

The concept of risky play is increasingly recognized as a significant factor in children's development, particularly concerning confidence and self-assessment. Risky play encompasses activities that are thrilling and challenging, potentially involving physical injury, such as climbing, jumping from heights, or engaging with dangerous elements. This paper aims to synthesize the existing body of literature on how risky play contributes to the development of children's confidence and self-assessment through empirical studies and theoretical analyses.

A number of empirical studies highlight the direct contributions of risky play to the development of confidence and self-assessment in children. Van Rooijen et al. [1] explored children's experiences with loose parts play, applying self-determination theory to reveal how such activities fulfill children's needs for autonomy and competence. Similarly, Lavrysen et al. [5] conducted an educational intervention to evaluate changes in children's risk competence and perception, demonstrating improvements in confidence through structured risky play activities.

Little and Wyver [2] provided insight into individual differences in risk perception among young children, utilizing both interviews and observational methods. Their work showed how risk appraisal can inform children's play decisions, enhancing their self-assessment capabilities. In another study, Karabon and Steiner [9] examined how children's risk-taking is influenced by ecological factors, such as the play environment and social dynamics, highlighting the contextual elements of confidence development during outdoor play.

The theoretical landscape is enriched by discussions on the evolutionary role of risky play. Sandseter and Kennair [8] articulated the anti-phobic effects of risky play, suggesting it serves developmental functions by helping children manage fears and improve coping skills. This perspective adds depth to the understanding of how risky play contributes beyond immediate behavioral benefits, positing a foundational role in reducing anxiety and building resilience.

Educator and parental perspectives further inform the discourse around risky play. Studies like Spencer et al. [6] explored educators' views on implementing risky play strategies and noted how these perceptions shape the opportunities available to children. Orestes [7] similarly addressed how adult attitudes can affect children's engagement in risky play, underlining the role of adult mediation in promoting confidence and self-assessment.

A systematic review by Brussoni et al. [3] examined the overall positive associations between risky play and children's development. Despite the benefits, the review called for further research to clarify the mechanisms and cultural influences.

Overall, the collected studies and theoretical perspectives suggest that risky play, when supported by appropriate cultural influences, optimal balance

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Cindy Ko

Niagara College Canada

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Teaching Diversity, Equity, and Inclusion Topics Challenges and Rewards, a Reflection from a Nursing Professor

Cindy Ko (PhD, LL.M., MN, RN)
Niagara College Canada

Abstract

Diversity, equity, and inclusion (DEI) concerns gained a resurgence of momentum after the Black Lives Matter (BLM) movement began in July 2013 following the murder of Trayvon Martin in the United States. This paper is a reflection of some of the challenges and rewards I have experienced teaching DEI topics over the last decade in the midst of horrific social events such as the murder of Black youths, the recovery of Indigenous children's remains in residential school sites across Canada, the findings of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the various racially motivated hate crimes during the COVID-19 pandemic. I address the emotionally laborious work of teaching DEI topics and the anxiety it can cause, and I offer some of the practical strategies I use to work through my stress. I also discuss various theories of knowledge and ways of knowing that I employ to anchor difficult topics, motivate student engagement, and move beyond superficial discussions. In the last three to five years, I have made changes to how I deliver this subject matter such as including an online discussion forum to encourage conversation beyond scheduled lecture time and providing a voluminous list of optional resources that takes into considerations the students' developmental readiness and level of previous historical contexts to facilitate their understanding. I hope to offer insights that other educators teaching DEI courses, especially in health care contexts, will find valuable. I hope readers will join me in this ongoing journey toward a more inclusive and just world.

Keywords: diversity, equity, inclusion, brave space, ways of knowing

Cindy Ko (PhD) declares that there is no conflict of interest. Her mailing address is Niagara College, 100 Niagara College Blvd., Room AH147 Welland, Ontario L3C 7L3. For correspondence email cko@niagaracollege.ca

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Some background about the author

I was born in British Hong Kong and have lived and traveled abroad over the years. My family and I immigrated to Canada when I was a teenager. I came from a relatively privileged background. As a young adult, I did not understand anything about racism beyond a few derogatory racial epithets, so I did not know how to articulate discrimination or racism when I experienced it. The first time I knew something was wrong was when a friend adamantly defended his neighbour after I told him that the neighbour had called me a name. My friend did not believe me and labelled me a liar. I remembered feeling extremely hurt, but I could not verbally defend myself because I simply did not have the linguistic tools nor the full comprehension to do so. This particular experience would eventually propel me to join the first ever Diversity Access and Equity Committee at the City of Toronto in the early 2000s. There, I began my journey in learning about discrimination issues, which led me to complete a PhD in public health policies, and later a second master's degree in health law in 2020. The first course I taught was Diversity and Health, and DEI topics have been part of my teaching portfolio ever since. I currently volunteer in two community healthcare organizations where I support their DEI initiatives and policy-making processes.

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Where past meets present: Indigenous vaccine hesitancy in Saskatchewan

Patrick Sullivan,¹ Victor Starr,² Ethel Dubois,³ Alyssa Starr,¹ John Bosco Acharibasam,¹ Cari McIllduff¹

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ABSTRACT

In Canada, colonisation, both historic and ongoing, increases Indigenous vaccine hesitancy and the threat posed by infectious diseases. This research investigated Indigenous vaccine hesitancy in a First Nation community in Saskatchewan, ways it can be overcome, and the influence of a colonial history as well as modernity. Research followed Indigenous research methodologies, a community-based participatory research design, and used mixed methods. Social media posts (interventions) were piloted on a community Facebook page in January and February (2022). These interventions tested different messaging techniques in a search for effective strategies. The analysis that followed compared the number of likes and views of the different techniques to each other, a control post, and community-developed posts implemented by the community's pandemic response team. At the end of the research, a sharing circle occurred and was followed by culturally appropriate data analysis (Nanāwahowin Ācimowina Kika-Mōsahkinikēh Papiskici-Itascikēwin Astācikowina procedure). Results demonstrated the importance of exploring an Indigenous community's self-determined solution, at the very least, alongside the exploration of external solutions. Further, some sources of vaccine hesitancy, such as cultural barriers, can also be used to promote vaccine confidence. When attempting to overcome barriers, empathy is crucial as vaccine fears exist, and antivaccine groups are prepared to take advantage of empathetic failures. Additionally, the wider community has a powerful influence on vaccine confidence. Messaging, therefore, should avoid polarising vaccine-confident and vaccine-hesitant people to the point where the benefits of community influence are limited. Finally, you need to understand people and their beliefs to understand how to overcome hesitancy. To gain this understanding, there is no substitute for listening.

INTRODUCTION

Indigenous Peoples in Canada, including First Nations, Métis and Inuit Peoples, experience the detrimental impacts of both historic and ongoing forms of colonisation, including persistent health and economic inequalities (Reading and Wien 2009, 8). During the COVID-19 pandemic, overcrowded housing placed Indigenous Peoples at higher risk of transmitting infection while an inequitable burden of COVID-19-relevant comorbidities elevated their risk of severe infection (Baillie and Wayne 2006, 178; Reading and Wien 2009, 6; Charania and Tsuji 2012, 268; Mosby and Swidrovich 2021, 381–3).

However, throughout the pandemic, Indigenous communities used various self-led protective strategies in response to their increased risk (Power *et al.* 2020, 2739).


Heightened vaccine hesitancy among Indigenous Peoples stems from a long history of medical experimentation, forced or coerced sterilisation, residential school experiences, and unethical research by the very institutions who promote vaccination (Mosby and Swidrovich 2021, 381–3; Newman, Woodford, and Peek 2021, 698). Many legitimate life-saving interventions (2021, 381–3), if confidence with research set out an Indigenous surrounding (2022; Verd, Fern, and better understand how to promote vaccine confidence within Indigenous communities in Saskatchewan. Indigenous research methodologies, a community-based participatory research (CBPR) design and mixed methods were adopted to guide this work.

This project engaged an Indigenous community, Star Blanket Cree Nation, in Saskatchewan, Canada to collaboratively develop a series of social media posts (interventions) to pilot on a community-run social media page. The posts were all approved by a community research advisory committee (CRAC) and followed behavioural insights (BI) and conspiracy theory strategies. These posts will be referred to as piloted posts or interventions, depending on context. Social media analytics were applied for a measurement of intervention effectiveness and so that different messaging strategies could be compared. As the project proceeded, a reflexive research approach allowed additional comparisons to be made between piloted posts and those developed entirely by community. At the project's completion, a sharing circle occurred where Indigenous community members contributed qualitative data that added depth to researcher understanding of Indigenous vaccine hesitancy.

Morning Star Lodge (MSL) is an Indigenous community-based health research lab. Founded in 2010, the lab has accumulated considerable experience supporting Indigenous communities through collaborative work. To support the often-argued most critical social determinant of Indigenous health, self-determination (Reading and Wien


Sullivan, P., Starr, V., Dubois, E., Starr, A., Acharibasam, J. B., & McIllduff, C. (2023). Where past meets present: Indigenous vaccine hesitancy in Saskatchewan. *Medical Humanities*, 49(2), 321–331. <https://doi.org/10.1136/medhum-2022-012501>

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Judith Lovell ¹, Louise Clark ²

Affiliations + expand

PMID: 36217757 DOI: 10.1080/10810730.2022.2134523

Abstract

Effective communication is critical for engagement between clients and health professionals, transfer of health information and health decision-making. Internationally, there is recognition that if health communication interventions were successfully implemented, then health communication equity would improve. This rapid realist review was undertaken with the aim of providing guidance on the circumstances in which communication interventions were likely to work in regional health service settings accessed by First Nations people from remote and very remote geographic areas of Australia. The realist review involved a process of searching literature on key terms and the identification of relevant studies and policies by a content expert group, including non-Indigenous and First Nations health researchers. Evidence was extracted to inform and synthesize into guiding principles, using a realist perspective. This review identified studies that provided evidence from 37 Australian and international settings where the dominant language and culture of the health sector differs from that of the majority of service users. A number of guiding principles were synthesized: 1) to build trust and respect by inclusion of an individual patient's cultural perspective; 2) to enhance concordant understanding of health information through two-way health literacies and learning; 3) to recognize the entanglement of health communication equity with regional socio-cultural and health determinants. This review generated realist informed guiding principles to suggest how and under what conditions health communication interventions can enable healthcare decision-making at an individual and service level.

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Effective communication is critical for engagement between clients and health professionals, transfer of health information and health decision-making. Internationally, there is recognition that if health communication interventions were successfully implemented, then health communication equity would improve. This rapid realist review was undertaken with the aim of providing guidance on the circumstances in which communication interventions were likely to work in regional health service settings

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Implementing Interventions to Improve Health Communication Equity for First Nations People: Guidance from a Rapid Realist Review

JUDITH LOVELL¹ and LOUISE CLARK²

¹Northern Institute, Charles Darwin University, Alice Springs, Sadadeen, NT, Australia

²Tasmanian School of Medicine, University of Tasmania, Hobart, TAS, Australia

ABSTRACT

Effective communication is critical for engagement between clients and health professionals, transfer of health information, and health decision-making. Internationally, there is recognition that if health communication interventions were successfully implemented, then health communication equity would improve. This rapid realist review was undertaken with the aim of providing guidance on the circumstances in which communication interventions were likely to work in regional health service settings accessed by First Nations people from remote and very remote geographic areas of Australia. The realist review involved a process of searching literature on key terms and the identification of relevant studies and policies by a content expert group, including non-Indigenous and First Nations health researchers. Evidence was extracted to inform and synthesize into guiding principles, using a realist perspective. This review identified studies that provided evidence from 37 Australian and international settings where the dominant language and culture of the health sector differs from that of the majority of service users. A number of guiding principles were synthesized: 1) to build trust and respect by inclusion of an individual patient's cultural perspective; 2) to enhance concordant understanding of health information through two-way health literacies and learning; 3) to recognize the entanglement of health communication equity with regional socio-cultural and health determinants. This review generated realist informed guiding principles to suggest how and under what conditions health communication interventions can enable healthcare decision-making at an individual and service level.

Background

Effective health communication is critical for engagement between clients and health professionals, transfer of health information, in decision-making, and in addressing health equity (World Health Organisation, 2022). In Australia, key policy frames effective communication with First Nations consumers as fundamental to the provision of accessible, culturally responsive, and safe health care. For example, the communication domain within the *Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health* (Australian Health Ministers' Advisory Council, 2016) identifies First Nations cultural and linguistic diversity; the link between communication and health literacy; and the broader communication environment inclusive of physical, electronic, and organizational resources. While context-specific issues

such as resource levels and skilled workforces are recognized, well-aligned health communication interventions and relevant outcome measures are not detailed. This rapid realist review was undertaken with the aim of producing guidance from existing studies, to support implementation at the local level in regional health services likely to communicate with First Nations clients of diverse linguistic and cultural backgrounds.

Health service performance measures are linked to the *Aboriginal and Torres Strait Islander Health Performance Framework (HPF)* (Australian Institute of Health Welfare, 2017), which in turn includes monitoring through the *National Safety and Quality Health Service Standards* (NSQHS) (Australian Commission on Safety and Quality in Health Care, 2017). 'Communicating for Safety' is Standard 6 of the 8 NSQHSs and intends 'to ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients' (Australian Commission on Safety and Quality in Health Care, 2017, p. 18). This standard acknowledges the importance of health communication, but it focuses on communication between health professionals rather than between health professionals and other people, excepting for effectively communicating with 'patients, carers, and families during high-risk situations'

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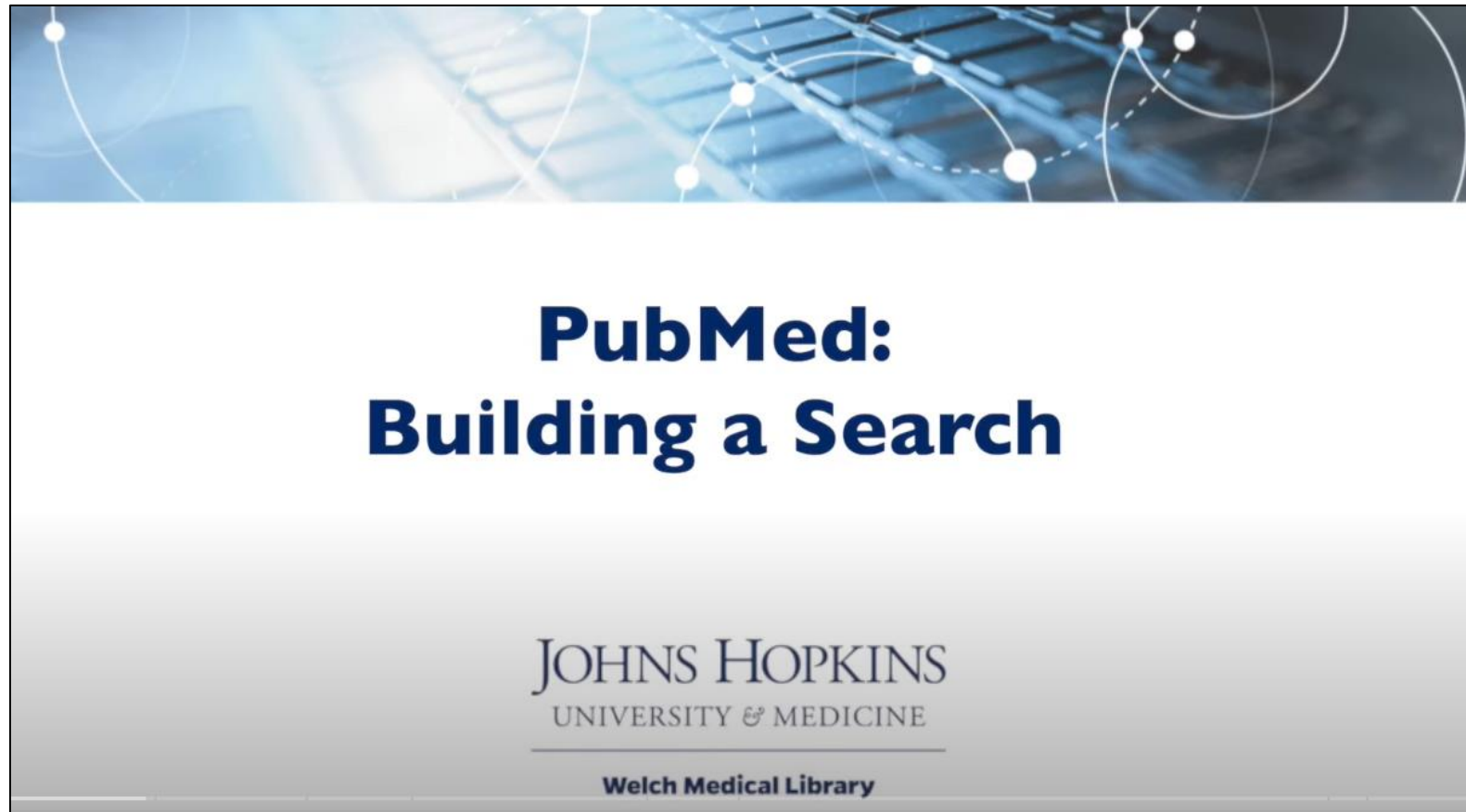
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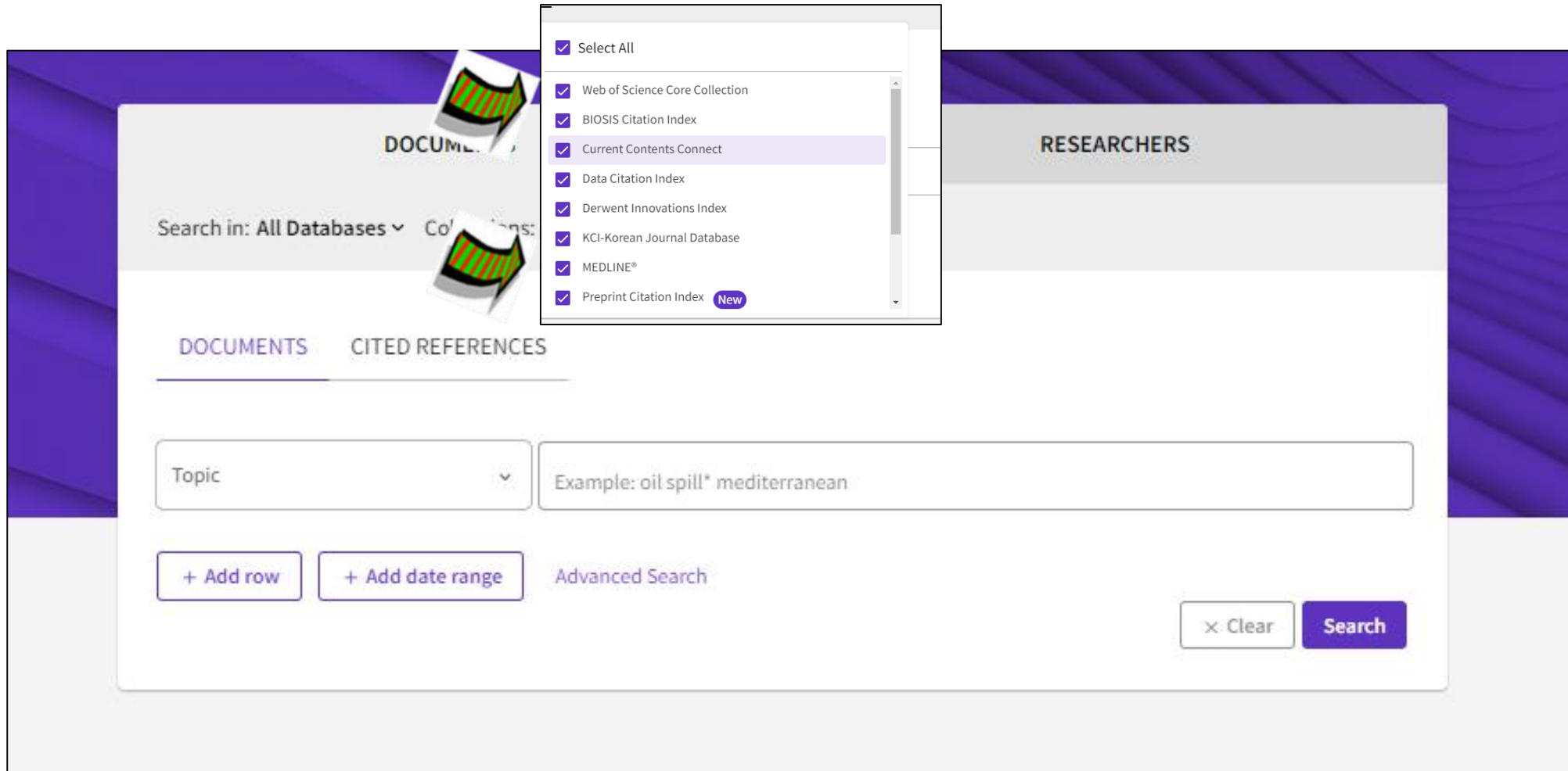
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And ▾	Topic ▾	Example: oil spill* mediterranean Canad* or Ontario* or alberta or "british columbia" or Quebec* or "new Brunswick" or Yuk X

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101 results from All Databases for:

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indigenous or aborigin* or "first canad*" or first near/2 nation* (Topic) and healthcare* or "health care" or "patient care" or patient* or vulnerable (Topic) and right* or "human rig...

Search

+ Add Keywords

Quick add keywords:



+ METIS

+ CULTURAL SAFETY

+ FIRST NATIONS

+ INDIGENOUS HEALTH

+ INUIT

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1

of 3



1 Impacts of Educating for Equity Workshop on Addressing Social Barriers of Type 2 Diabetes With Indigenous Patients

Crowshoe, L; Han, H; (...); Green, ME

Jan 2018 | JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS 38 (1) , pp.49-59

Introduction: Health education about Indigenous populations in Canada (First Nations, Inuit, and Metis people) is one approach to enable health services to mitigate health disparities faced by Indigenous peoples related to a history of colonization and ongoing social inequities. This evaluation of a continuing medical education workshop, to enhance family physicians' clinical approach by includ

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By Crowshoe, L (Crowshoe, Lynden (Lindsay)) [1] ; Han, H (Han, Han) [2] ; Calam, B (Calam, Betty) [3] ; Henderson, R (Henderson, Rita) [1] ; Jacklin, K (Jacklin, Kristen) [4] ; Walker, L (Walker, Leah) [5] ; Green, ME (Green, Michael E.) [2] , [6]

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Source JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS ▾

Volume: 38 Issue: 1 Page: 49-59

DOI: 10.1097/CEH.0000000000000188

Published JAN 2018

Indexed 2018-10-25

Document Type Article

Abstract Introduction: Health education about Indigenous populations in Canada (First Nations, Inuit, and Metis people) is one approach to enable health services to mitigate health disparities faced by Indigenous peoples related to a history of colonization and ongoing social inequities. This evaluation of a continuing medical education workshop, to enhance family physicians' clinical approach by... the whether participation in the patients with type 2 diabetes.

Author Keywords: Indigenous populations; diabetes; continuing medical education; cultural competency; cultural safety; structural competency

Keywords Plus: HEALTH-CARE; MEDICAL-EDUCATION; CULTURAL COMPETENCE; DELIBERATE PRACTICE; ETHNIC DISPARITIES; CANADA; COMMUNITIES; POPULATIONS; STRESS; INTERVENTIONS

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- > Diabetes Mellitus, Type 2 / psychology*
- > Education / methods
- > Education / standards*
- > Female
- > Humans
- > Male
- > Middle Aged
- > Ontario
- > Patient Education as Topic / methods*
- > Patient Education as Topic / standards
- > Population Groups / ethnology
- > Population Groups / psychology*
- > Psychometrics / instrumentation
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Do Canadian Indigenous peoples have a right to healthcare?

<https://www.ncbi.nlm.nih.gov/mesh>

Go to the MeSH headings database and find the appropriate heading(s) for “Indigenous”.

Indigenous Canadians

The three groups of indigenous aboriginal peoples of Canada. These include First Nations, Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs.

Year introduced: 2021

PubMed search builder options

[Subheadings:](#)

- | | | |
|---|--|--|
| <input type="checkbox"/> classification | <input type="checkbox"/> genetics | <input type="checkbox"/> psychology |
| <input type="checkbox"/> education | <input type="checkbox"/> history | <input type="checkbox"/> statistics and numerical data |
| <input type="checkbox"/> ethnology | <input type="checkbox"/> legislation and jurisprudence | |

☐ Restrict to MeSH Major Topic.

☐ Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): M01.270.968.500.600.375, M01.686.477.250.600.375

MeSH Unique ID: D000086682

Entry Terms:

- Canadians, Indigenous
- Indigenous Canadian
- Native Canadians
- Canadian, Native
- Canadians, Native
- Native Canadian
- Canadian Natives
- Canadian Native
- Native, Canadian
- Natives, Canadian
- Metis Canadians
- Canadian, Metis
- Canadians, Metis
- Metis Canadian
- First Nation Canadians
- Canadian, First Nation
- Canadians, First Nation
- First Nation Canadian
- Nation Canadian, First
- Nation Canadians, First

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Indigenous Canadians

[Inuit](#)


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Go to the MeSH headings database and find the appropriate heading(s) for “healthcare”.

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Go to the MeSH headings database and find the appropriate heading(s) for “human rights”.

<https://www.ncbi.nlm.nih.gov/mesh>

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MeSH
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Full

Human Rights

The right of the individual to cultural, social, economic, and educational opportunities as provided by society, e.g., right to work, right to education, and right to social security.
Year introduced: 1973

PubMed search builder options

[Subheadings:](#)

<input type="checkbox"/> classification	<input type="checkbox"/> legislation and jurisprudence	<input type="checkbox"/> statistics and numerical data
<input type="checkbox"/> ethics	<input type="checkbox"/> methods	<input type="checkbox"/> trends
<input type="checkbox"/> history	<input type="checkbox"/> standards	

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Tree Number(s): 101.880.604.473, N03.706.437
MeSH Unique ID: D006806
Entry Terms:

- Right to Housing and Shelter
- Rights of Indigenous Peoples
- Indigenous Peoples Rights
- Linguistic Rights
- Rights, Linguistic
- Collective Human Rights
- Human Rights, Collective
- Rights, Collective Human
- Equal Rights
- Rights, Equal

Previous Indexing:

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Grey Literature

Grey literature **databases** identify resources that are key to research and scholarship. Many are open resources that go through a quality control process before they are published.

Definitions are scholarly dictionaries, encyclopedias and handbooks that help define terms and provide additional context.

Concise Medical Dictionary (2020) Taber's Cyclopedic Medical Dictionary (2021) Dictionary of Public Health (2018)

Encyclopedia of Public Health (2008) Dictionary Plus: Medicine and Health (2016)

Encyclopedia of Lifestyle Medicine and Health (2012)

Wiley Blackwell Encyclopedia of Health, illness, behavior, and Society (2014)

Oxford Handbook of Public Health Practice (2013)

Key Themes in Public Health (2014)

Occupational Health and **Safety** information is essential to dealing with injuries, accidents, government and regulatory information. There are many different handbooks and review resources, use **Omni** to locate individual resources, a selective few are listed below.

Chemicals, small molecule and drug databases.

Theses and Dissertations are important unpublished resources granted and retained by universities as capstone projects, these, and dissertations.

Open Education Resources (OERs) are digital ebooks and learning objects that can be used as open textbooks on a wide variety of general and disciplinary subjects.

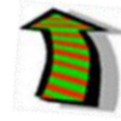
Systematic Reviews and Evidence Synthesis research involves specialty **databases** and resources.

Definitions

Defining terms is essential to scholarly research. Individual [Library Research Guides](#) may include alternate disciplinary encyclopedias, dictionaries, handbooks... and scholarly resources. The following databases may be a key resources to find key definitions. Individual reference resources can be identified using the [Omni](#) database.

[Google Dictionary](#) [Wiktionary](#) [Dictionary.com](#) [Cambridge Dictionary Online](#) [Merriam-Webster](#) [Word Hippo](#) (thesaurus)

Databases below are a select list of scholarly resources.



- [Oxford English Dictionary](#) [↗](#)
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What is another word for indigenous?



Need *synonyms for indigenous*? Here's a list of *similar words* from our *thesaurus* that you can use instead.

Contexts ▼

Originating or occurring naturally in a country or area

Innate or instinctive to a person or thing

Characteristic of, or related to, a particular nation

(especially of plants) Uninhabited or cultivated

... more ▼

Adjective ▲

Originating or occurring naturally in a country or area

native aboriginal first earliest autochthonous original

primordial primaeval^{UK} primeval^{US} primitive domestic

autochthonic endemic ancient initial born local homegrown

chthonic ethnic home-grown primary pristine primal mother

antique primigenial early embryonic fundamental [more >](#)

*“Neither is **indigenous** in the manner that Indians were **indigenous** to North America.”*

<https://www.wordhippo.com/>

Go to Wordhippo and find alternate synonyms for the terms,

“human right”

privilege

teenager

consequence

Do Canadian Indigenous peoples have a right to healthcare?

Do Canadian Indigenous peoples have a right to healthcare?

What are this research questions' key concepts?

Do Canadian Indigenous peoples have a right to healthcare?

Do Canadian Indigenous peoples have a right to healthcare?

1. Indigenous peoples
2. Healthcare
3. Right or rights

Do Canadian Indigenous peoples have a right to healthcare?



Do Canadian Indigenous peoples have a right to healthcare?

1. Indigenous or native or indian or “first nations” or metis or eskimo

AND

2. Healthcare or “health care” or hospital* or doctor* or nurs*

AND

3. Original scholarly research

4. Humans

4. English, 2000+, journal articles...

5. Canad*

Do Canadian Indigenous peoples have a right to healthcare?



English language
2000+
scholarly journal articles
Canad*

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highest cited
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Do Canadian Indigenous peoples have a right to healthcare?

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Example: oil spill* mediterranean
Indigenous or native or indian or "first nations" or metis or eskimo

⊖ And ▾

Topic ▾

Example: oil spill* mediterranean
Healthcare or "health care" or hospital* or doctor* or nurs*

⊖ And ▾

Topic ▾

Example: oil spill* mediterranean
right* or "human right*" or privilege*

+ Add row

+ Add date range

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× Clear

Search

5,233 results from All Databases for:

🔍 Indigenous or native or indian or "first nations" or metis or eskimo

Do Canadian Indigenous peoples have a right to healthcare?

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Search in: All Databases ▾ Collections: All ▾

5,233 results from All Databases for:

🔍 Indigenous or native or indian or "first nations" or metis or eskimo

DOCUMENTS CITED REFERENCES

Topic ▾ Example: oil spill* mediterranean
Indigenous or native or indian or "first nations" or metis or eskimo ✕

⊖ And ▾ Topic ▾ Example: oil spill* mediterranean
Healthcare or "health care" or hospital* or doctor* or nurs* ✕

⊖ And ▾ Topic ▾ Example: oil spill* mediterranean
right* or "human right*" or privilege* ✕

+ Add row + Add date range Advanced Search

✕ Clear Search

English language
2000+
scholarly journal articles
Canad*

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limit number of search terms
keywords in titles
review author's keywords
review MeSH terms
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DOCUMENTS

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Topic ▾

Example: oil spill* mediterranean
indigenous or aborigin* or "first canad*"

And ▾

Topic ▾

Example: oil spill* mediterranean
healthcare or "health care"

And ▾

Title ▾

Example: water consum*
right* or "human right*" or privilege* or challeng* or barrier*

And ▾

Topic ▾

Example: oil spill* mediterranean
Canad* or Ontario* or alberta or "british columbia" or Quebec* or "new Brunswick" or Yukon

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+ Add date range

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Search

110 results from All Databases for:

indigenous or aborigin* or "first canad*" (Topic)

Search

Search > Results for indigenous or a... > Results for indigenous or a... > Results for indigenous or a... > Results for indigenous or aborigin* or "first canad*" (Topic) AND healthcare ...

71 results from All Databases for:

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Search

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+ METIS

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+ FIRST NATIONS

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+ INDIGENOUS HEALTH

+ INDIGENOUS PEOPLES

+ IN



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1 Cultural Rights and First Nations Health Care in Canada

Wilmot, S

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In this paper, I apply Kymlicka's theory of cultural rights to the health care of Canada's First Nations, within the framework of human rights and the rights of indigenous peoples, as formulated by the United Nations. I extend Kymlicka's concept of cultural rights into a specific right to culturally appropriate health care, and I consider how this right can be categorized. I also explore how fa ... [Show more](#)

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Cultural Rights and First Nations Health Care in Canada

By

Wilmot, S (Wilmot, Stephen) [1] , [2]

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JUN 2018

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Abstract

In this paper, I apply Kymlicka's theory of cultural rights to the health care of Canada's First Nations, within the framework of human rights and the rights of indigenous peoples, as formulated by the United Nations. I extend Kymlicka's concept of cultural rights into a specific right to culturally appropriate health care, and I consider how this right can be categorized. I also explore how far the Canadian state recognizes a right to health care in general and to culturally appropriate health care in particular; and whether it has instituted a statutory or constitutional right in these areas. Finally, I consider the same questions with regard to First Nations health care in British Columbia. My conclusions are that the right to culturally appropriate health care is not recognized nationally, or in British Columbia, and that the potential exists to establish such a right politically.

Keywords

Keywords Plus: INDIGENOUS PEOPLES

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Research Areas: Public, Environmental & Occupational Health
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Human Rights	*legislation & jurisprudence
Humans	
*Indians, North American	

Cultural Rights and First Nations Health Care in Canada

STEPHEN WILMOT

Abstract

In this paper, I apply Kymlicka's theory of cultural rights to the health care of Canada's First Nations, within the framework of human rights and the rights of indigenous peoples, as formulated by the United Nations. I extend Kymlicka's concept of cultural rights into a specific right to culturally appropriate health care, and I consider how this right can be categorized. I also explore how far the Canadian state recognizes a right to health care in general and to culturally appropriate health care in particular; and whether it has instituted a statutory or constitutional right in these areas. Finally, I consider the same questions with regard to First Nations health care in British Columbia. My conclusions are that the right to culturally appropriate health care is not recognized nationally, or in British Columbia, and that the potential exists to establish such a right politically.

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Please address correspondence to the author at S.Wilmot@derby.ac.uk.

Competing interests: None declared.

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Conclusion

The Tripartite Framework Agreement on First Nations health care provision in British Columbia was created partly in response to a perceived need for culturally appropriate health care. I have argued that a right to such health care was not built into the agreement. This is partly because Canada's health care system does not clearly provide for health care as a right in general, and partly because the tripartite system (probably as a consequence of the general Canadian situation) does not offer culturally appropriate health care as a right, in particular. So Kymlicka's argument for indigenous cultural rights has not been realized in this case; nor has my argued human right to culturally appropriate health care. However, I have suggested that by mobilizing the flexibility of multi-level governance, and aligning rights and duties, the right to culturally appropriate health care can be realized at a political level. It is clear that the establishment of that right in rules, practice, and discourse, against the established habits of Canada's political class, will take time, and it will involve the application of political arts over that time. But if First Nations leaders in British Columbia are willing and able to pursue this, a major precedent could be set for Canada in the advancement of indigenous rights.

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2. International Covenant on Economic, Social and Cultural Rights (ICESCR), G.A. Res. 2200A (XXI), Art. xx. (1966). Available at <http://www2.ohchr.org/english/law/cescr.htm>.
3. International Covenant on Economic, Social and Cultural Rights (ICESCR), General Comment No. 14: The Right To The Highest Attainable Standard Of Health (Art. 12) (2000). Available at www.refworld.org/pdfid/4538838do.pdf; International Covenant on Economic, Social and Cultural Rights (ICESCR), General Comment No. 21: Right of Every-

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18 Unfiled Records

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- Calls to Action: Truth, Reconciliation, and Indigenous Rights for Supportive Decision-Making in Healthcare
- Canada's history of failing to provide medical care for Indigenous children
- Challenges facing Indigenous transplant patients living in Canada: exploring equity and utility in organ trans...**
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- Cultural Rights and First Nations Health Care in Canada
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- Enablers and barriers in providing tele diabetes services for Indigenous communities: A systematic review
- Healing journeys: Indigenous Men's reflections on resources and barriers to mental wellness
- Heart work: Indigenous doula's responding to challenges of western systems and revitalizing Indigenous birt...
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- Primary health care accessibility challenges in remote indigenous communities in Canada's North
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- (...) Abstract: Indigenous peoples in Canada and in the Circu...
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- Volume: 81
- Issue: 1
- Pages:
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- ISSN: 1239-9736
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- Loc. in Archive: WOS:000760533400001
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<https://doi.org/10.3390/healthcare8020112>

Oosterveer, T., & Young, T. (2015). Primary health care accessibility challenges in remote indigenous communities in Canada's North. *INTERNATIONAL JOURNAL OF CIRCUMPOLAR HEALTH*, 74.

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Item Type Journal Article

Title Health literacy education programmes developed for qualified health professionals: a scoping review

Author Connell, Lauren

Author Finn, Yvonne

Author Sixsmith, Jane

Publication BMJ Open

Volume 13

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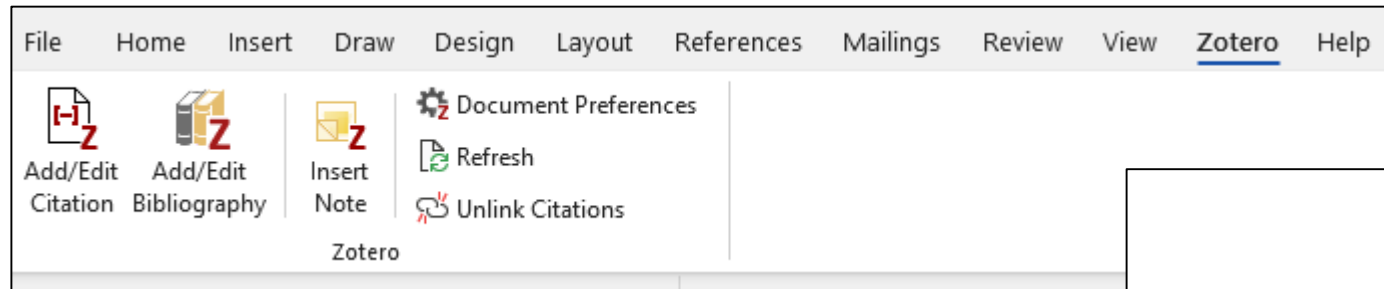
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DOI 10.1136/bmjopen-2022-070734

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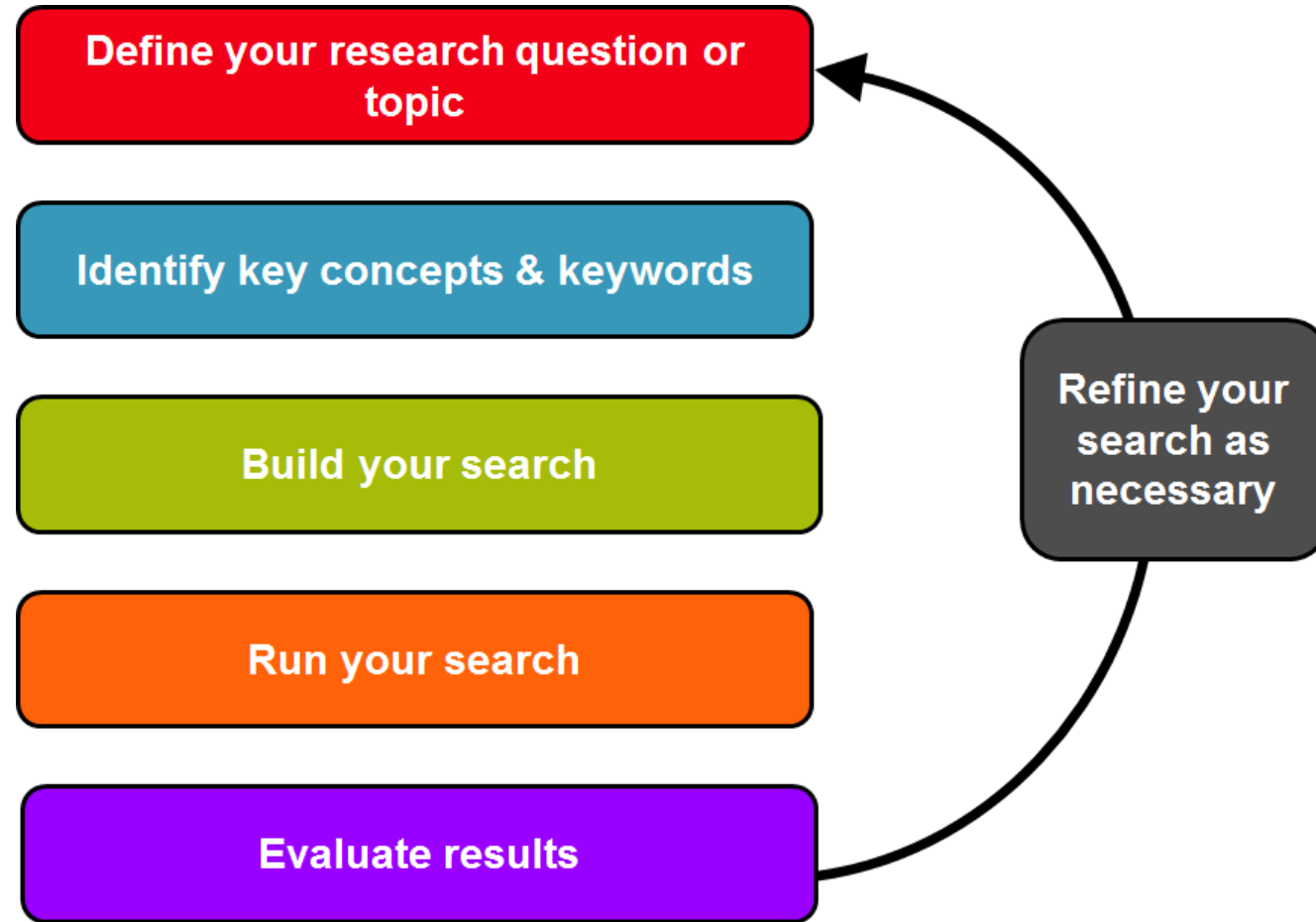


My HLSC 2P00 paper

This paper will discuss health literacy as a form of national importance (Connell et al., [2023](#))...

References

Connell, L., Finn, Y., & Sixsmith, J. (2023). Health literacy education programmes developed for qualified health professionals: a scoping review. *BMJ Open*, 13(3), e070734. <https://doi.org/10.1136/bmjopen-2022-070734>



News, newspaper, newsmagazine, newswire...

We are nickel and dimed to death': Assembly of First Nations seeks strategy to address policy gaps in Indigenous health care

Toronto Star; Toronto, Ont.. 03 June 2023: A.12.

TORONTO STAR
thestar.com

Full text

Details

Full Text

First Nations leaders are wrestling with what the future of Indigenous health care should look like as they piece together legislation meant to deal with multiple health crises, as well as the legacy of colonialism and racism.

The Assembly of First Nations

Conversations ranging from
health crises in Indigenous c

One case mentioned multiple
but according to her last wor

I empathize with Vice Chief David Pratt of the Federation of Sovereign Indigenous Nations (FSIN) who commented that "...in reality we have to work in this colonial structure that we call Canada." (We are nickel and dimed to death, 2023, A12).

With discriminatory taunts against Joyce from hospital staff heard in the background of her live-stream, the coroner investigating concluded that racism was a contributing factor in Echaquan's death.

However, it's not just racism in hospitals that's driving the conversation. Vice Chief David Pratt of the Federation of Sovereign Indigenous Nations (FSIN), who also sits on the AFN leadership table, said there are too many issues to address that are at crises status in First Nations communities across Canada.

In opening remarks, Pratt pointed out how the long-standing alcohol crisis in Indigenous communities has now escalated into a crystal-meth crisis. "Communities are forced to fund their own crystal meth recovery programs using their limited source revenue, and it's a situation that should not be the case," he said.

He also explained how an existing "status quo" currently guides conversations and decisions on First Nations health matters, and that it must end. In reference to those who believe health legislation might compromise Treaty and Inherent Right to Health, Pratt said, "in reality we have to work in this colonial structure that we call Canada."

Some leaders are skeptical about introducing new federal health legislation and believe there has been a lack of consultation during the preliminary meetings with the federal government.

Chiefs of varying nations in attendance made it known they completely reject proposed new legislation, while some have not made up their minds. Piikani Nation Chief Troy Knowlton stood up during a Q&A and said, "The comments made today clearly show the difference between some who are ready and some who are not."

"As chief, I have to make sure that anything that I sign onto, all the boxes are checked," he said, and that "it comes down to trust that First Nations have with the federal government."

Multiple leaders said they felt the process was rushed, which is one reason why they remained skeptical, with Knowlton describing it as a "forced timeline."

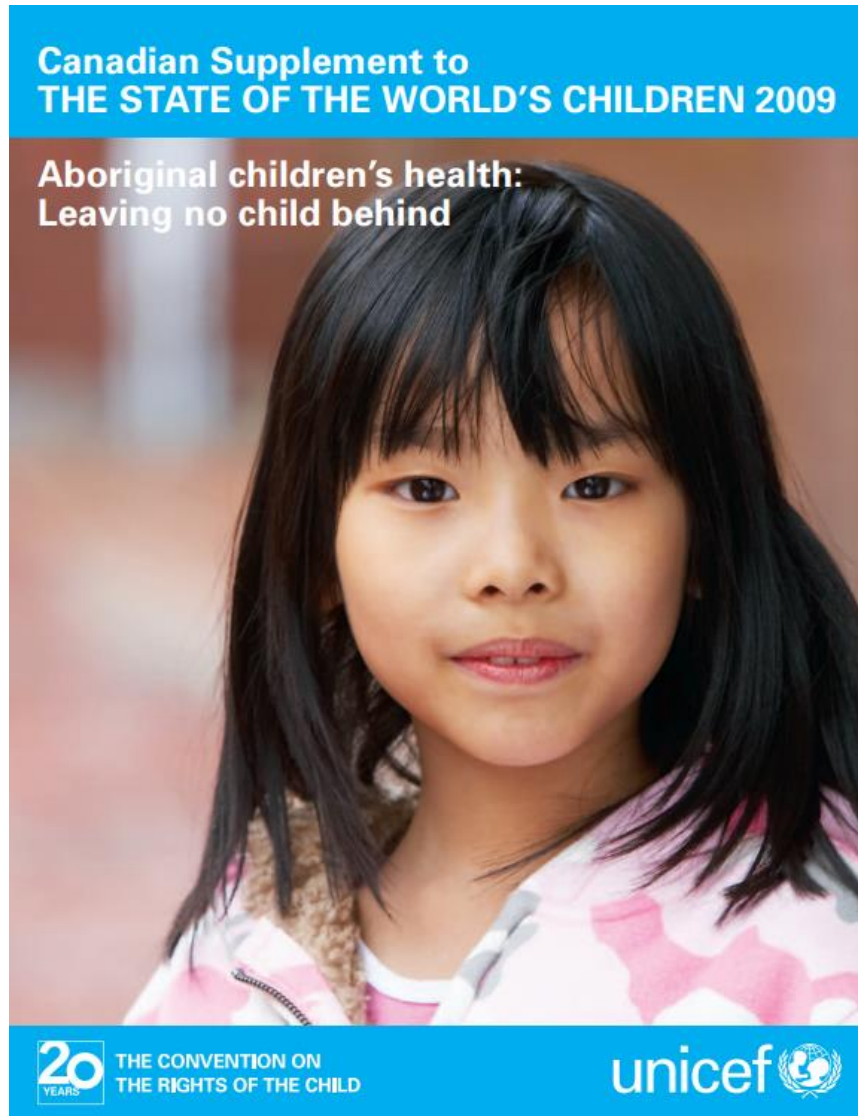
"Look at the support (Prime Minister Justin) Trudeau is giving to Ukraine, but if you look at the First Nations, we are nickel and dimed to death."

Discussions also included finding middle ground between Indigenous law and Canadian law - a hybridization - in an attempt to bridge policy gaps in health care for First Nations.

Pratt worried, "there's no time left."

'We are nickel and dimed to death': Assembly of first nations seeks strategy to address policy gaps in indigenous health care. (2023, Jun 03). *Toronto Star*

Reports, data, statistics...



“Our country is being called to a greater consciousness. Even if there are more questions than answers, it’s time to ask them. What kind of Canada do you want?” (Canadian UNICEF Committee, 2009, ii).

Canadian UNICEF Committee (2009). *Aboriginal children's Health: Learning no child behind / Canadian supplement to the State of the World's Children 2009*. (2009). Toronto, CUC. <https://www.unicef.ca/>

Theses, dissertations, MRPs...

Lessons learned from a critical appraisal of a fall break policy in higher education: A case study

Kelly A Pilato

Submitted in fulfillment of the requirements for the degree of Doctorate of Philosophy in

Applied Health Sciences

(Behavioural and Population Health)

Faculty of Applied Health Sciences

Brock University

St. Catharines, ON

© Kelly Pilato December, 2019

Pilato, K. A. (2019). *Lessons learned from a critical appraisal of a fall break policy in higher education: A case study* [Doctoral dissertation, Brock University].
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- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

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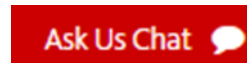
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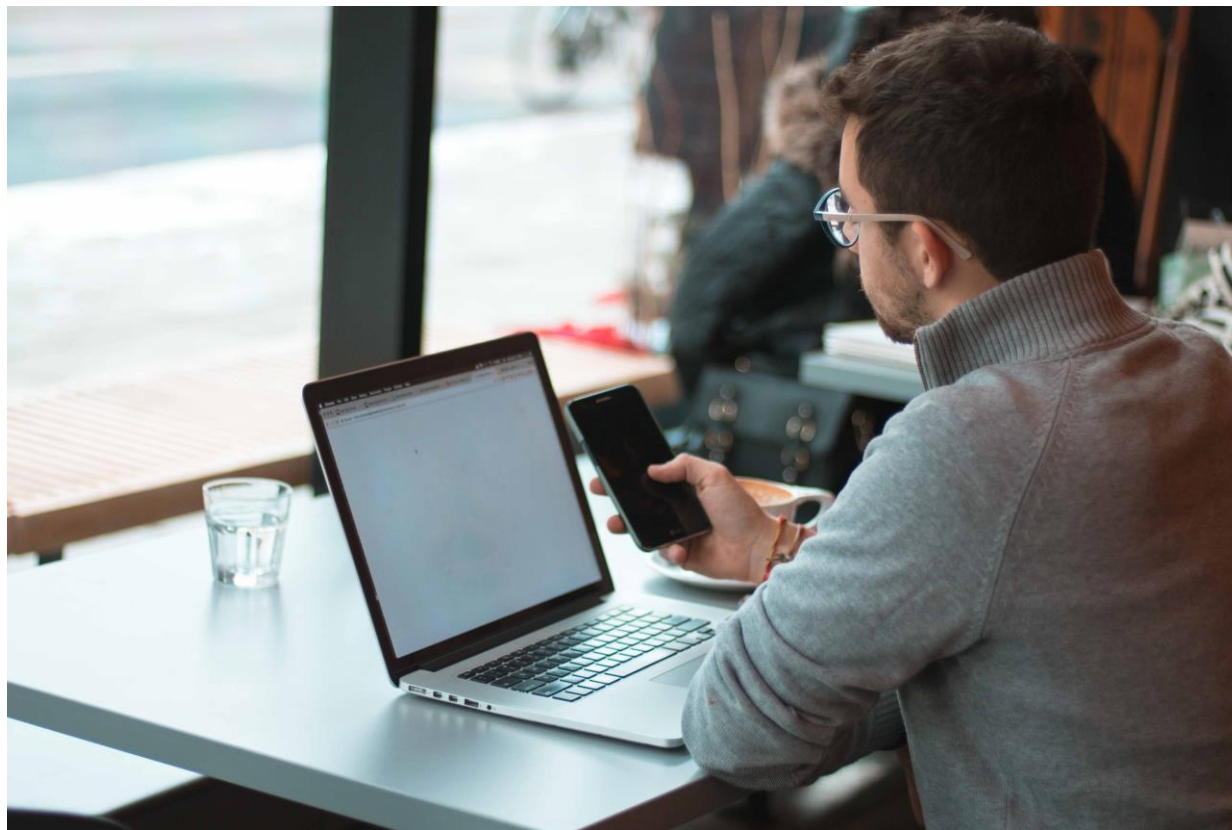
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One thing I learned today.

Library Seminar Agenda

- Top 10 resources you should know about!
- Scholarly resources – books
- Scholarly resources – databases
- Scholarly resources – articles
- How to search for information
- Where, how and when to get help!
- Questions / Answers

HLSC 2P00 Library Seminar



Good luck with this course and assignments!



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